SERFF Tracking Number:	SHLI-125746643	State:	Arkansas
Filing Company:	Shelter Life Insurance Company	State Tracking Number:	39737
Company Tracking Number:	03L10408		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	Universal Life Policy		
Project Name/Number:	UL/10408		

Filing at a Glance

Company: Shelter Life Insurance Company

Product Name: Universal Life Policy

TOI: L09I Individual Life - Flexible Premium Adjustable Life

Sub-TOI: L09I.001 Single Life

Filing Type: Form

SERFF Tr Num: SHLI-125746643   State: ArkansasLH

SERFF Status: Closed   State Tr Num: 39737

Co Tr Num: 03L10408   State Status: Approved-Closed

Co Status: Approved   Reviewer(s): Linda Bird

Authors: Dina Krofta, Berdetta Moore   Disposition Date: 08/15/2008

Date Submitted: 07/24/2008   Disposition Status: Approved

Implementation Date Requested: On Approval   Implementation Date:

State Filing Description:

General Information

Project Name: UL   Status of Filing in Domicile: Pending

Project Number: 10408   Date Approved in Domicile:

Requested Filing Mode: Review & Approval   Domicile Status Comments:

Explanation for Combination/Other: Market Type: Individual

Submission Type: New Submission   Group Market Size:

Overall Rate Impact: Group Market Type:

Filing Status Changed: 08/15/2008

State Status Changed: 08/15/2008   Deemer Date:

Corresponding Filing Tracking Number: 03L10408

Filing Description:

Form L-705.9 is a Universal Life policy that provides for flexibility in premium payments and adjustability of death benefits and incorporates a combination of front-end load, monthly maintenance fee, and a surrender charge for policies surrendered during the first 10 years of the policy and of any increase in coverage. The surrender charge will grade from 80% of the target premium in the first policy year to 0 at the end of 10 years. The minimum specified amount will be $25,000. Issue ages will be 0-75 for non-smokers, and 15-75 for smokers. The current cost of insurance rates will

SERFF Tracking Number:	*SHLI-125746643*	*State:*	*Arkansas*
Filing Company:	*Shelter Life Insurance Company*	*State Tracking Number:*	*39737*
Company Tracking Number:	*03L10408*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*Universal Life Policy*		
Project Name/Number:	*UL/10408*		

utilize two rate bands:

Band 1 $25,000   - $99,999
Band 2 $100,000 and up

This form is updated for 2001 CSO Mortality Rates.

Company and Contact

Filing Contact Information

Berdetta Moore, Actuarial Administrative Assistant   blmoore@shelterinsurance.com

1817 W. Broadway   (573) 214-4832 [Phone]
Columbia, MO 65203   (573) 214-6942[FAX]

Filing Company Information

Shelter Life Insurance Company	CoCode: 65757	State of Domicile: Missouri
1817 W. Broadway Street	Group Code: 123	Company Type: Life and Health
Columbia, MO 65203	Group Name:	State ID Number:
(800) 743-5837 ext. [Phone]	FEIN Number: 43-0740882	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Shelter Life Insurance Company	$0.00	07/24/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE

SERFF Tracking Number:	SHLI-125746643	State:	Arkansas
Filing Company:	Shelter Life Insurance Company	State Tracking Number:	39737
Company Tracking Number:	03L10408		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	Universal Life Policy		
Project Name/Number:	UL/10408		

1563313 $50.00   07/23/2008

SERFF Tracking Number:	*SHLI-125746643*	*State:*	*Arkansas*
Filing Company:	*Shelter Life Insurance Company*	*State Tracking Number:*	*39737*
Company Tracking Number:	*03L10408*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*Universal Life Policy*		
Project Name/Number:	*UL/10408*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/15/2008	08/15/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Linda Bird	08/05/2008	08/05/2008	Dina Krofta	08/14/2008	08/14/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Universal Life Insurance Policy	Form	Dina Krofta	08/14/2008	08/14/2008
Policy Schedules	Form	Dina Krofta	08/14/2008	08/14/2008
Policy Schedules	Form	Berdetta Moore	07/24/2008	07/24/2008
Statement of Variability	Supporting Document	Berdetta Moore	07/24/2008	07/24/2008

SERFF Tracking Number:	*SHLI-125746643*	*State:*	*Arkansas*
Filing Company:	*Shelter Life Insurance Company*	*State Tracking Number:*	*39737*
Company Tracking Number:	*03L10408*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*Universal Life Policy*		
Project Name/Number:	*UL/10408*		

Disposition

Disposition Date: 08/15/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	SHLI-125746643	*State:*	Arkansas
Filing Company:	Shelter Life Insurance Company	*State Tracking Number:*	39737
Company Tracking Number:	03L10408		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	*Sub-TOI:*	L09I.001 Single Life
Product Name:	Universal Life Policy		
Project Name/Number:	UL/10408		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Illustration Certification		Yes
Supporting Document *(revised)*	Statement of Variability		Yes
Supporting Document	Statement of Variability	Withdrawn	No
Supporting Document	cost of insurance rates		Yes
Supporting Document	Bull 11-83		Yes
Form *(revised)*	Universal Life Insurance Policy		Yes
Form	Universal Life Insurance Policy	Withdrawn	Yes
Form *(revised)*	Policy Schedules		Yes
Form	Policy Schedules	Withdrawn	Yes
Form	Policy Schedules	Withdrawn	No

SERFF Tracking Number:	SHLI-125746643	State:	Arkansas
Filing Company:	Shelter Life Insurance Company	State Tracking Number:	39737
Company Tracking Number:	03L10408		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	Universal Life Policy		
Project Name/Number:	UL/10408		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/05/2008
Submitted Date	08/05/2008
Respond By Date	

Dear Berdetta Moore,

This will acknowledge receipt of the captioned filing.

Objection 1
- Certification/Notice (Supporting Document)
Comment: Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.

Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.

Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.

Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Please feel free to contact me if you have questions.
Sincerely,
Linda Bird

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/14/2008
Submitted Date	08/14/2008

SERFF Tracking Number:	SHLI-125746643	*State:*	Arkansas	
Filing Company:	Shelter Life Insurance Company	*State Tracking Number:*	39737	
Company Tracking Number:	03L10408			
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	*Sub-TOI:*	L09I.001 Single Life	
Product Name:	Universal Life Policy			
Project Name/Number:	UL/10408			

Dear Linda Bird,

Comments:

Response 1

Comments: Please replace previously submitted form L-705.9 with L-705.15. This new form includes a statement about contestability for policy increases on page 13.

We have reviewed our processes regarding Ark. Code Ann. 23-79-138, Bulletin 6-87 and Bulletin 11-88 and found them to be in compliance. We have also reviewed our procedures and are in compliance with Regulation 49 and Regulation 19§10B.

We are also attaching signed notification that we are in compliance with Regulation 34 and Bulletin 11-83. We are also attaching our current and guaranteed cost of insurance rates we will use for this policy form. Any changes in the current cost of insurance rates will be submitted to you for approval.

Related Objection 1
>   Applies To:
>   -   Certification/Notice (Supporting Document)
>   Comment:
>   Ark. Code Ann. 23-79-138 requires that certain information accompany every policy. Bulletin 6-87 and Bulletin 11-88 further address this issue. Please review your issue procedures and assure us that you are in compliance with Ark. Code Ann. 23-79-138 as provided by these bulletins.
>
>   Regulation 49 requires that a Life and Health guaranty notice be given to each policy owner. Please review your issue procedures and assure us that you are in compliance with Regulation 49.
>
>   Regulation 19s10B requires that all new or revised filings submitted must contain a certification that the submission meets the provisions of this rule as well as all applicable requirements of this Department.
>
>   Filings of "universal life" type contracts are subject to Regulation 34. Please assure us that you are in compliance with Regulation 34. If cost of insurance may be changed by the company subject to a maximum and/or accumulation rates may be changed by the company subject to a minimum, then the contract must comply with Bulletin 11-83.

Changed Items:

SERFF Tracking Number:	SHLI-125746643	*State:*	Arkansas
Filing Company:	Shelter Life Insurance Company	*State Tracking Number:*	39737
Company Tracking Number:	03L10408		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	*Sub-TOI:*	L09I.001 Single Life
Product Name:	Universal Life Policy		
Project Name/Number:	UL/10408		

Supporting Document Schedule Item Changes

Satisfied -Name: cost of insurance rates

Comment: Current and guaranteed cost of insurance rates. Current cost of insurance rates my change, but will never exceed the guaranteed cost of insurance rates.

Satisfied -Name: Bull 11-83

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Berdetta Moore, Dina Krofta

SERFF Tracking Number:	*SHLI-125746643*	*State:*	*Arkansas*	
Filing Company:	*Shelter Life Insurance Company*	*State Tracking Number:*	*39737*	
Company Tracking Number:	*03L10408*			
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*	
Product Name:	*Universal Life Policy*			
Project Name/Number:	*UL/10408*			

Amendment Letter

Amendment Date:

Submitted Date: 08/14/2008

Comments:

Please replace previously submitted form L-705.9 with L-705.15. Form L-705.15 has a statement regarding the contestable period for policy increases. Attached are the revised policy form and policy schedule.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
L-705.15	Policy/Contract/Fraternal Certificate	Universal Life Insurance Policy	Initial				49	L705-15.pdf

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
	Schedule Pages	Policy Schedules	Initial					L-705.15 Policy Schedule.pdf

SERFF Tracking Number:	*SHLI-125746643*	*State:*		*Arkansas*
Filing Company:	*Shelter Life Insurance Company*	*State Tracking Number:*		*39737*
Company Tracking Number:	*03L10408*			
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*		*L09I.001 Single Life*
Product Name:	*Universal Life Policy*			
Project Name/Number:	*UL/10408*			

Amendment Letter

Amendment Date:

Submitted Date: 07/24/2008

Comments:

Changed premium class definition on Policy Schedule and Statement of Variability.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
	Schedule Pages	Policy Schedules	Initial					L-705.9 Policy Schedule.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Statement of Variability

Comment:

Statement of Variability.pdf

SERFF Tracking Number:	SHLI-125746643	State:	Arkansas
Filing Company:	Shelter Life Insurance Company	State Tracking Number:	39737
Company Tracking Number:	03L10408		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.001 Single Life
Product Name:	Universal Life Policy		
Project Name/Number:	UL/10408		

Form Schedule

Lead Form Number: L-705.9

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	L-705.15	Policy/Contract/Fraternal Certificate	Universal Life Insurance Policy	Initial		49	L705-15.pdf
		Schedule Pages	Policy Schedules	Initial			L-705.15 Policy Schedule.pdf

Shelter Life Insurance Company will pay the Death Benefit to the **Beneficiary** upon receipt of due proof that the **Insured's** death occurred during any **Policy Year**. Payment will be made only if this policy is in force on the date of the **Insured's** death.

This policy terminates at the **Maturity Date**. Premiums are payable to the **Maturity Date** or until the death of the **Insured** as described in the policy. If the **Insured** is living on the **Maturity Date,** the Cash Surrender Value, if any, will be paid out.

The amount of premium required to carry the policy to the **Maturity Date** is not guaranteed.

20 Day Free Examination Period. Please examine Your policy. Within 20 days after delivery, You can return it to Us, or any Agent of The Company with a written request to cancel and You will receive a full refund of Premiums. If We do not refund Your Premium within 30 days from the date of cancellation, We will pay interest from the date of cancellation to the date of payment at the rate of interest specified in the insurance laws of Your state.

This policy is signed at **Our Home Office** in Columbia, Missouri.

Secretary   *President and CEO*

FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY TO AGE 100
NON-PARTICIPATING

POLICY INDEX

POLICY RIDERS

The Policy **Riders**, if any, listed on the Policy Schedule are described in the **Rider** agreements that follow page 15.

DEFINITIONS - The terms below will have the following definitions when bold and capitalized.

Age: The age of the **Insured** on his or her last birthday.

Beneficiary(ies): The person(s) who is (are) named in the application or by later designation to receive the Death Benefit of this policy.

Coverage Options: Coverage Option A provides a Death Benefit equal to the **Specified Amount** at the time of death. **Coverage Option** B provides a Death Benefit equal to the **Specified Amount** plus the Policy Account Value at the time of death. However, both **Coverage Options** provide for an increased Death Benefit, if necessary to maintain this policy as a life insurance policy for purposes of the Internal Revenue Code. Details on the Death Benefit calculations are shown in the Death Benefit section of this policy.

Evidence of Insurability: Information about an **Insured** which is used to approve or reinstate this policy or any **Rider(s).**

Home Office: 1817 West Broadway, Columbia, Missouri 65218-0001.

Insured: The person whose life is insured under this policy as shown on the Policy Schedule.

Loan: Any outstanding amount borrowed from this policy.

Maturity Date: The **Policy Anniversary** following the Insured's 100th birthday. The policy terminates on the **Maturity Date.**

Monthly Anniversary Day: The same day in each month as the Policy Date or the last day of the month for those months not having such a day.

Monthly Deduction: The amount we deduct each month from the Policy Account Value. It is made up of the Cost of Insurance, the cost of any additional benefits provided by **Rider**, and the Monthly Expense Charges.

Policy Anniversary: The same month and day as the Policy Date for each succeeding year this policy remains in force.

Policy Month: A one month period of time starting on successive **Monthly Anniversary Days**, with the first **Policy Month** starting on the Policy Date.

Policy Year: A one year period of time starting on successive **Policy Anniversaries**, with the first **Policy Year** starting on the Policy Date.

Rate Class: The mortality or morbidity classifications assigned to the **Insured** under this Policy as specified by the Premium Class and the Risk Class.

Rider: An attachment to this policy that provides additional benefits.

Specified Amount: The amount is shown on the Schedule Page(s). It is used to determine the amount of Death Benefit.

Surrender Factor: The amount shown in the Policy Schedule used to determine Surrender Charges.

We, Our, Us, The Company: Shelter Life Insurance Company.

You, Your: The Owner of this policy.

OWNERSHIP; ASSIGNMENT

Owner - The **Insured** will be the Owner unless otherwise stated. As **Owner**, **You** may exercise all policy rights, except for proceeds which are to be paid to the **Beneficiary**. **Your** rights will be subject to the rights of an assignee or irrevocable **Beneficiary**. If **You** die before the **Insured**, **Your** estate will become the Owner unless otherwise provided. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is exercised.

Successor Owner - **You** may designate a Successor Owner. This must be made by written notice to **Us**. When **You** die, the Successor Owner becomes the new Owner. If no Successor Owner survives **You**, **Your** estate becomes the new Owner.

Change of Ownership - The ownership change must be made while the **Insured** is living by filing at **Our Home Office** written notice satisfactory to **Us**. The change will take effect on the date the requested change is approved and recorded by **Us**. **We** will not be liable for payment made or action taken prior to approval and recording of the requested change.

Assignment - Assignment of this policy will be binding on **Us** only after a copy of the assignment is received at the **Home Office**. **We** are not responsible for the validity of any assignment. If the assignment is absolute, all rights of the Owner and any revocable **Beneficiary** are transferred to the assignee. If the assignment is collateral, such rights are transferred only to the extent of the assignee's interest.

DEATH BENEFIT

The Death Benefit of this policy depends upon the **Specified Amount** and the **Coverage Option** in effect on the date of death of the **Insured.** The **Coverage Option** currently in effect is shown on the Policy Schedule.

Coverage Option A: Under **Coverage Option** A, the Death Benefit is the greater of:
1. The **Specified Amount** on the **Monthly Anniversary Day** next preceding or coinciding with the date of death; or
2. The Policy Account Value on the **Monthly Anniversary Day** next preceding the date of death, without regard to the Monthly Deduction for the **Policy Month** of death, multiplied by the risk percentage from the table below for the correct **Age** of the **Insured** on such **Monthly Anniversary Day.**

Coverage Option B: Under **Coverage Option** B, the Death Benefit is the greater of:
1. The Policy Account Value on the **Monthly Anniversary Day** on or next preceding the date of death, without regard to the **Monthly Deduction** for the **Policy Month** of death, plus the **Specified Amount** on such **Monthly Anniversary Day**; or
2. The Policy Account Value on the **Monthly Anniversary Day** on or next preceding the date of death, without regard to the **Monthly Deduction** for the **Policy Month** of death, multiplied by the risk percentage from the table below for the correct **Age** of the **Insured** on such **Monthly Anniversary Day.**

The Death Benefit will be increased by any net premiums received after the **Monthly Anniversary Day** next preceding or coinciding with the date of death and by interest on such net premiums to the date of death.

The Death Benefit will be reduced by any **Loan** and Loan Interest as of the date of death.

Proceeds payable will include interest if required by state law.

TABLE OF RISK PERCENTAGES

Age	Percentages
0-40	250%
41	243%
42	236%
43	229%
44	222%
45	215%
46	209%
47	203%
48	197%
49	191%
50	185%
51	178%
52	171%
53	164%
54	157%
55	150%
56	146%
57	142%
58	138%
59	134%
60	130%
61	128%
62	126%
63	124%
64	122%
65	120%
66	119%
67	118%
68	117%
69	116%
70	115%
71	113%
72	111%
73	109%
74	107%
75-90	105%
91	104%
92	103%
93	102%
94	101%
95-100	100%

PAYMENTS OF BENEFITS

Succession in Interest of Beneficiaries - Unless otherwise stated in this policy, including any settlement agreement or in a **Beneficiary** designation in effect under this policy, the following provisions apply:

1. A **Beneficiary** is either a primary **Beneficiary** or a contingent **Beneficiary**. If no primary **Beneficiary** survives the **Insured**, then any proceeds are payable to the contingent **Beneficiary**.
2. The interest of any surviving primary **Beneficiary** in any proceeds payable is paramount to and exclusive of the interest of any contingent **Beneficiary**.
3. All **Beneficiaries** in the same class will share equally.
4. Proceeds will be paid to the **Beneficiaries** living at the time of the **Insured's** death.
5. Any proceeds payable after the death of all designated **Beneficiaries** will be paid to: (a) the Owner; or (b) the successors, transferees or estate of the Owner. However, the withdrawal value of any remaining guaranteed payments due or to become due will be paid in one sum to the estate of the person or persons then receiving such payments.

We may rely on the affidavit of the **Insured's** executor or estate administrator to determine the identity or nonexistence of **Beneficiaries** identified by class and not by name.

Claims Against Beneficiaries - To the extent allowed by law, no payment of proceeds or interest will be subject to: (a) claims of a **Beneficiary's** creditors; or (b) legal process against a **Beneficiary**.

Change of Beneficiary - **You** may change the **Beneficiary** by submitting a written request to **Us**. The change of **Beneficiary** request will not be effective until approved and recorded by **Us** at **Our Home Office**. Once approved and recorded, the change will be effective as of the date **You** signed the request, whether or not **You** are alive or the **Insured** is alive when **We** record the change. However, the change will be subject to any payments made or other actions taken by **Us** before **Your** request was approved and recorded at **Our Home Office**.

THE CONTRACT

Consideration; Entire Contract - This policy is issued in consideration of: (a) the attached application; and (b) the payment of premiums. This policy and the application are the entire contract between the Owner and **Us**. Statements made in the application are considered representations and not warranties, except in the case of fraud. No statement will void this policy or be used as a defense to claim unless made in the application.

Modification of Policy - No agent has authority to change this policy or waive any of its provisions. Only an officer of **The Company** may make or modify this policy.

Policy Date - Policy months, years and anniversaries are measured from the policy date, as shown on the Policy Schedule.

Effective Date - This policy will be effective as soon as it has been accepted by the Owner and the first premium has been paid during the lifetime and continued insurability of the proposed **Insured**. If the first premium is paid in exchange for a conditional coverage receipt on the date of the application, then this policy will be effective as stated on the receipt.

Payments by Us - Any amount payable by **Us** will be made at **Our Home Office** in Columbia, Missouri. **We** may require surrender of the policy.

Incontestability - This policy will not be contestable after it has been in force during the **Insured's** lifetime for two years from the policy date, except for non-payment of premium.

Suicide - If the **Insured** commits suicide, while sane or insane, within two years from the Policy date, the amount payable by **Us** will be limited to the premium paid.

Modified Endowment Contract – Certain policies may be or become Modified Endowment Contracts (MECs) under Section 7702A of the Internal Revenue Code of 1986. **We** will notify **You** if **Your** policy becomes a MEC. If **Your** policy is or becomes a MEC and is later exchanged into another policy, **You** may have adverse income tax consequences. Shelter Life Insurance Company and its representatives do not provide tax advice. Please consult your tax advisor to determine any tax implications.

Reduction in Rate Class - **You** may request that **We** reduce the **Rate Class** assigned to the **Insured**. **We** will allow a reduction in **Rate Class** if **We** receive satisfactory evidence that the **Insured** qualifies. Any evidence **We** may require must be provided by a medical examiner approved by **Us**. A new policy will not be issued; however, a new Policy Schedule will be provided to **You**.

Age; Sex - If the **Insured** dies while this policy is in force and the **Age** or Sex of the **Insured** as shown on the Policy Schedule is not correct, the Death Benefit otherwise payable will be adjusted. The adjustment will be based on the amount of pure insurance that the Cost of Insurance portion of the Monthly Deduction made on the **Monthly Anniversary Day** next preceding or coincident with the date of the **Insured's** death would have provided at the correct **Age** and Sex.

If, while this policy is in force and the **Insured** is alive, it is determined that the **Age** or Sex of the **Insured** as shown on the Policy Schedule is not correct, a corrected Policy Schedule will be sent to **You**. All future Cost of Insurance calculations will be based on the correct **Age** and Sex.

Termination of Coverage - Coverage under this policy terminates when any of the following events occur:
1. **You** request that coverage terminate;
2. the **Insured** dies
3. this policy reaches the **Maturity Date;**
4. the Grace Period ends without the payment of the Premium specified in the Grace Period and Policy Lapse provision; or
5. when the outstanding **Loan** equals or exceeds the Net Loan Value.

Annual Report - Each year, within 90 days of the Policy Anniversary, **We** will send **You** a report about this policy: The report will show no less than the following information:
1. The Policy Account Value at the beginning and end of the reporting period.
2. The Cash Value and Cash Surrender Value as of the end of the reporting period.
3. All Premiums that have been paid since the date of the last report.
4. All interest credited to the Policy Account Value.
5. All Cost of Insurance charges deducted from the Policy Account Value.
6. All Expense Charges deducted from the Policy Account Value.
7. Any Partial Surrenders that have been made since the date of the last report.
8. The total of all **Loans** against the policy as of the end of the reporting period.
9. The Death Benefit and the **Specified Amount** at the end of the reporting period.
10. A special notification in the event the Policy Account Value, together with interest at the Guaranteed Rate and deductions for Cost of Insurance and Expense Charges, will cause this policy to Lapse prior to the time the next annual report is sent to **You.**

We will send **You** a report at any other time **You** request for a reasonable charge as determined by **Us.**

Nonparticipating - This policy will not participate in any of **Our** profits, losses or surplus earnings.

<div align="center">

PREMIUMS

</div>

Payment - The first premium, shown in the Policy Schedule, is due on the Policy Date. All premiums after the first are payable: (a) at **Our Home Office**; or (b) to one of **Our** Agents. Upon request, **We** will give **You** a receipt signed by **Our** Secretary. Payment of premiums is subject to **Our** current minimum premium requirements and permitted methods of payment.

Planned Premium Payment - The Planned Premium Payment is shown on the Policy Schedule. You may change the amount and frequency of such payments. However, each payment must be in amounts of $25.00 or more. The minimum premium for the first policy year is shown on the Policy Schedule as the Target Premium. We reserve the right to limit the amount of any increase in the Planned Premium Payment.

Additional Premiums - Additional, unplanned premium payments may be made at any time before the **Maturity Date.** We reserve the right to limit the number and amount of Additional Premiums paid**.**

Limitation on Total Premiums -We may refuse acceptance of a premium or refund any premium already accepted so that this policy will continue to qualify as life insurance under the Internal Revenue Code of 1986 as amended.

Grace Period - Under the following conditions this policy will lapse. A Grace Period of 61 days will be allowed for payment of additional premium, during which time this policy will continue in force.
1. If the total amount of premium received by the beginning of any of the first 12 policy months is less than one twelfth of the minimum premium for the first policy year multiplied by the number of elapsed policy months plus one. If a premium sufficient to rectify the above condition is not received by the end of the grace period, this policy will terminate without value.
2. If the Policy Account Value, less any **Loan** on any **Monthly Anniversary Day,** becomes less than zero as a result of the **Monthly Deduction**. A premium must be received in such amount that the net premium is at least as large as the amount by which the Policy Account Value, less any **Loan**, is less than zero. If adequate premium is not paid by the end of the Grace Period, this policy will terminate without value.
3. If the **Insured** dies during the Grace Period, the premium described in 1 or 2 above which remains unpaid on the date of death will be deducted from the benefit otherwise payable.

At least 30 days prior to termination of coverage, we will send a notice of such termination to **You**.

Reinstatement - If the Grace Period expires without sufficient premiums having been paid, this policy may be reinstated within 5 years after the expiration of the Grace Period and prior to the **Maturity Date**. The request for Reinstatement must be made in writing. Reinstatement is subject to:
1. receipt by us of satisfactory **Evidence of Insurability** of the **Insured;**
2. payment of a premium sufficient to provide for the next 2 **Monthly Deductions**, as described in the Policy Values section;
3. reinstatement of a zero Cash Value and a zero **Loan** balance, just prior to the payment of the premium in 2 above; and
4. surrender factors used in the determination of Cash Values after Reinstatements shall be for the elapsed time from the effective date of the initial specified amount (or increase in specified amount) to the date of determination, less the period of time from the beginning of the grace period to the date of reinstatement.

This policy cannot be reinstated if it has been surrendered for its Cash Surrender Value.

If this Policy is reinstated, the time period for the Incontestability provision will begin again at the time of Reinstatement. Our only basis for contesting a reinstated policy beyond the policy's original contestable period is for material misstatements made in the Reinstatement Application.

GUARANTEED VALUES

Computation of Reserves - The Commissioners 2001 Standard Ordinary Smoker or Non-Smoker Mortality Table is used to establish reserves.

A detailed statement of the methods of calculations has been filed with the insurance supervisory official of the jurisdiction in which this policy was delivered.

POLICY VALUES

Policy Account Value - On each **Monthly Anniversary Day**, the Policy Account Value is equal to:
A + B + C – D – E

On any day other than a **Monthly Anniversary Day**, the Policy Account Value is equal to:
A + B + C – D

"A" is the Policy Account Value on the preceding **Monthly Anniversary Day** (or the policy date for determinations during the first policy month).

"B" is the total of all Net Premiums received since the preceding **Monthly Anniversary Day.**

"C" is interest on "A" from the preceding **Monthly Anniversary Day**; plus interest on each Net Premium in "B" from the date of receipt of each premium at the **Our Home Office**; less interest on each partial surrender in "D" from the date of each partial surrender.

"D" is the totals of all partial surrenders made since the preceding **Monthly Anniversary Day.**

"E" is the **Monthly Deduction** for the month beginning on that **Monthly Anniversary Day.**

The Policy Account Value on the **Policy Date** is equal to the initial Net Premium paid for this policy, less the **Monthly Deduction** for the first **Policy Month**. However, an adjustment to this value will be made if the initial Net Premium is paid after the Policy Date. This will be done so that the correct amount of interest will be credited which reflects the period of time since we received the initial premium at **Our Home Office**.

Net Premium - For each premium actually paid under this policy, a Net Premium is calculated. Each Net Premium is no less than 92% of the corresponding premium paid.

Interest Rate - Interest will be credited to the Policy Account Value at an effective annual rate shown on the Policy Schedule. We may use interest rates greater than this. That portion of the Policy Account Value which equals the amount of any outstanding policy **Loans** will be credited with the effective annual rate shown on the Policy Schedule and will not be eligible for any greater rate of interest. The portion of the Policy Account Value for a given policy **Loan** will be ineligible for interest greater than the effective annual rate shown on the Policy Schedule will be the most recently credited amounts in "B" and "C", above, after the deductions in "D" and "E" have been made.

The amounts in "D" and "E" will reduce the portion of the Policy Account Value represented by the most recently credited amounts in "B" and "C".

Monthly Deduction - The **Monthly Deduction** for a **Policy Month** is equal to:
1. The Cost of Insurance for the basic coverage on the **Insured**, plus
2. The cost of any additional **Riders**, plus
3. The Monthly Expense Charge shown on the Policy Schedule.
The cost of additional **Riders** is as indicated on the Policy Schedule.

Cost of Insurance - The Cost of Insurance for a **Policy Month** for the initial **Specified Amount** or any increase in **Specified Amount** is equal to Q x (R-S):

"Q" is the monthly Cost of Insurance Rate from the Cost of Insurance Schedule applicable at the beginning of the most recent **Policy Year**. The Cost of Insurance Rate changes each **Policy Anniversary** based on the **Insured's:**
1. Sex;
2. **Age** at the most recent **Policy Anniversary;**
3. **Rate Class** shown on the Schedule Page for the initial **Specified Amount** or any increase in **Specified Amount; and**
4. Number of years since the **Specified Amount** became effective.

"R" is the Death Benefit on the **Monthly Anniversary Day** beginning the **Policy Month**, divided by 1.002871.

"S" is the Policy Account Value on the **Monthly Anniversary Day** beginning the **Policy Month**, computed by omitting the **Monthly Deduction** for such **Policy Month**.

If the **Coverage Option** shown on Policy Schedule is Option A and there have been increases in the **Specified Amount**, the Policy Account Value included in "S" above, will be allocated between or among the initial **Specified Amount** provided under the original application and subsequent increases. In calculating the Cost of Insurance, the Policy Account Value will be applied, to the extent possible, to the **Specified Amount** provided under the original application, with any excess applied to any increases, in the order in which they were made.

Cost of Insurance Schedules are determined by **Us** and may change at any time. No annualized Cost of Insurance Rate in any applicable Schedule will exceed the corresponding rate shown in the Table of Guaranteed Annual Cost of Insurance Rates on the Schedule Page.

Cash Value - The Cash Value of this policy is equal to the Policy Account Value less a Surrender Charge, but in no case less than the minimum cash value required by the state in which this policy was delivered. A statement of the method of determining such minimum cash value is on file with the insurance supervisory official in the state where this policy was delivered**.**

<div align="center">

SURRENDER

</div>

Cash Surrender Value - The Cash Surrender Value of this policy is:
1.   the Cash Value at the time of Surrender; plus
2.   any Cost of Insurance deducted for the period beyond the date of Surrender; less
3.   any **Loan** and Loan Interest.

Full Surrender- You may Surrender this Policy for its Cash Surrender Value at any time. The Surrender Charge for the initial Specified Amount is found by multiplying the appropriate Surrender Percentage times the sum of:
1.   the **Surrender Factor** for the initial **Specified Amount**; and
2. $100.00`

The Surrender Charge for each increase in **Specified Amount** is found by multiplying the appropriate Surrender Percentage times the **Surrender Factor** for each increase in **Specified Amount**.

With respect to the initial **Specified Amount**, the Surrender Charge expires 10 years after the **Policy Date**. With respect to increases in **Specified Amount**, the Surrender Charge expires when each increase has been in force for 10 years.

The **Surrender Factor** for the initial **Specified Amount** and for each increase is shown on the Policy Schedule. The Surrender Percentages are found in the table below for the period of elapsed time from the effective date of the initial **Specified Amount** (or any increase) to the date of Surrender.

<div align="center">

TABLE OF SURRENDER PERCENTAGES

Whole Elapsed Years	Surrender Percentage
0	80%
1	72%
2	64%
3	56%
4	48%
5	40%
6	32%
7	24%
8	16%
9	8%
10 or more	**0%**

</div>

Partial Surrender - You may withdraw a part of the Cash Surrender Value at any time. This is called a Partial Surrender. A charge of $25 will be made for each Partial Surrender. After any Partial Surrender, the remaining Policy Account Value must be at least $100.

Under **Coverage Option** A, the **Specified Amount** will be reduced by the amount of the Partial Surrender. The Policy Account Value will be reduced by the amount of the Partial Surrender plus the Partial Surrender charge. The **Specified Amount** remaining in force after any Partial Surrender may not be less than the minimum **Specified Amount** shown on the Schedule Page.

Under **Coverage Option** B, the Policy Account Value will be reduced by the amount of the Partial Surrender plus the amount of the Partial Surrender charge.

If a surrender is requested under this provision within 31 days after a **Policy Anniversary,** the Cash Surrender Value will not be less than the Cash Surrender Value on that anniversary, less any **Loan** and Partial Surrenders made on or after such anniversary.

We may postpone making a surrender payment up to six months from the date we receive your request.

Paid Up Insurance - You may surrender this policy for a participating Paid Up Insurance policy on the **Insured's** life at any time. The Cash Surrender value of your policy on the surrender date, less any applicable Surrender Charges, will be used as a net single premium at the attained **Age** and Rate **Class** of the **Insured** to determine the amount of Paid Up Insurance to be provided.

Extended Term Insurance - If the Policy Account Value on a **Monthly Anniversary Day** is insufficient to cover the **Monthly Deduction** for the month beginning on such day, the policy will lapse. The Cash Surrender Value will then be applied to continue the insurance coverage and any benefits provided by **Riders** for a portion of the next month.

The amount of Extended Term Insurance is determined according to the **Coverage Option** in effect as of the date insurance is extended under this provision.

This provision will not continue the policy beyond the **Maturity Date**.

<center>**LOAN**</center>

Net Loan Value   - The amount of **Loan** available will be the Cash Surrender Value as of the date of the policy **Loan** less:
1. any Loan Interest to the next **Policy Anniversary**; and
2. the amount of the **Monthly Deductions** for the balance of the **Policy Year**.

The policy will terminate whenever the amount of outstanding **Loan** equals or exceeds the Net Loan Value. We will send you notice of termination at least 30 days before such termination.

Borrowing on the Policy—You may borrow all or part of the Net Loan Value at any time **Your** Policy has such value. **Your** Policy will be assigned to **Us** as sole security for the **Loan**. **We** may defer making a **Loan** for up to 6 months. No **Loan** will be granted if **Your** Policy is in force as Extended Term Insurance. **You** may be asked to sign a **Loan** agreement.

Loan Interest - The maximum annual interest rate will be 8.0%. We may set a lower rate. This rate will not be increased more than once a year. No increase will be more than 1%. If you have an existing **Loan**, we will give notice of an increase in the interest rate at least 30 days before the increase goes into effect.

Interest accrues daily from the date of **Loan**. Interest is due on each **Policy Anniversary** and on the date the **Loan** is repaid. Interest not paid when due will be added to the **Loan**.

Loan Repayment—A Loan may be repaid in full or in part at any time before the **Insured's** death or surrender of **Your** Policy. If at any time the unpaid **Loan**, including any accrued interest, exceeds the Amount of Loan available, **Your** Policy will terminate 31 days after **We** mail a notice of termination to **Your** last known address and to any assignee of record.

<center>**POLICY CHANGE PROVISIONS**</center>

Right to Change - You may request the changes provided for in this section at any time after the first **Policy Anniversary.** Your request must be in writing to **Us** at **Our Home Office**.

Changes in Specified Amount - The **Specified Amount** may be changed, subject to the conditions outlined below.
1. Decrease in **Specified Amount**—Any decrease will be effective on the **Monthly Anniversary Day** on or next following the date we receive your application for decrease. Any decrease will be applied first against any increases to the **Specified Amount** in the reverse order in which they were made. Any remaining decrease will then be applied against the initial **Specified Amount**. The **Specified Amount** may not be decreased to less than the **Minimum Specified Amount** shown on the Policy Schedule.

2. Increase in **Specified Amount**—A request for an increase in the **Specified Amount** will be subject to the following requirements:
    a. an application satisfactory to **Us** must be submitted;
    b. **Evidence of Insurability** satisfactory to **Us** must be submitted; and
    c. the **Policy Account Value** on the Effective Date of the increase must be sufficient to provide for the new **Monthly Deduction**.

Any increase approved by **Us** will be effective on the date shown on the revised Schedule Page.

If this policy is increased, the time period for the Incontestability provision will begin for the increase in **Specified Amount** when the increase is approved by **Us**. **Our** only basis for contesting an increase in **Specified Amount** beyond the policy's original contestable period is for material misstatements made on the application to increase the **Specified Amount**.

CHANGE IN COVERAGE OPTION
If the coverage option is Option B, it may be changed to Option A. The new **Specified Amount** will be the Death Benefit as of the Effective Date of change. The Effective Date of change will be the **Monthly Anniversary day** on or next following the date **We** receive **Your** application for change.

If the coverage option is Option A, it may be changed to Option B. The new **Specified Amount** will be the Death Benefit less the **Policy Account Value** as of the Effective Date change. The Effective Date will be the **Monthly Anniversary Day** on or next following the date **We** approve **Your** application for change.

CHANGING YOUR POLICY
Any change to this policy that is not provided for in this section must be approved by **Us**. An approved change must be endorsed on or attached to this policy. No agent has the authority to make any changes to this policy.

PAYMENT OF PROCEEDS

OPTIONAL INCOME PAYMENT OF PROCEEDS

Election of Payment Option - **You** may elect any of the following options while the **Insured** is alive. If the proceeds are payable in one sum when the **Insured** dies, the **Beneficiary** may elect an option. Any option election must be in writing. It must be received by **Us**.

Payment options are available only to natural persons. Options 1, 2 and 3 may not exceed 30 years

PAYMENT OPTIONS

Option 1. Held at Interest - **We** will hold the amount applied under this option. Interest will be paid at the rate of at least 2.5% per year. Interest payment intervals of 12, 6, 3 or 1 month may be selected.

Option 2. Payments of a Selected Amount - Each payment will be for the amount selected. The amount may not be less than $20. Payment intervals of 12, 6, 3 or 1 month may be selected. Payments will be made until the amount applied plus interest of at least 2.5% per year is exhausted. The last payment will be for the balance only.

Option 3. Selected Number of Payments - Equal payments will be made for the number of payments selected. The amount of each payment depends on: the total amount applied; the number of payments selected; and the interval of payment. Payment intervals of 12, 6, 3 or 1 month may be selected. The following table shows the amount of payment for each $1,000 applied.

	Amount of Installments			
Years Payable	**Annual**	**Semi-Annual**	**Quarterly**	**Monthly**
1	$1,000.00	$503.09	$252.32	$84.28
2	506.17	254.65	127.72	42.66
3	341.60	171.85	86.19	28.79
4	259.33	130.47	65.44	21.86
5	210.00	105.65	52.99	17.70
6	177.12	89.11	44.69	14.93
7	153.65	77.30	38.77	12.95
8	136.07	68.45	34.33	11.47
9	122.40	61.58	30.88	10.32
10	111.47	56.08	28.13	9.39
11	102.54	51.59	25.87	8.64
12	95.11	47.85	24.00	8.02
13	88.83	44.69	22.41	7.49
14	83.45	41.98	21.06	7.03
15	78.80	39.64	19.88	6.64
16	74.73	37.60	18.86	6.30
17	71.15	35.79	17.95	6.00
18	67.97	34.20	17.15	5.73
19	65.13	32.77	16.43	5.49
20	62.58	31.48	15.79	5.27
21	60.28	30.33	15.21	5.08
22	58.19	29.28	14.68	4.90
23	56.29	28.32	14.20	4.74
24	54.55	27.44	13.76	4.60
25	52.95	26.64	13.36	4.46
26	51.48	25.90	12.99	4.34
27	50.12	25.22	12.65	4.22
28	48.87	24.58	12.33	4.12
29	47.70	24.00	12.04	4.02
30	46.61	23.45	11.76	3.93

Option 4. Life Income - Payments will be made for a selected guaranteed period of 10, 15 or 20 years. Payments will stop at the end of the selected period or when the payee dies, whichever is later. The amount of each monthly payment depends on: the total amount applied; and the sex and **Age** of the payee when payments begin. The **Age** of the payee is figured on **Age** last birthday. **We** may require proof of **Age** and sex of the payee before payments begin. **We** may also require proof that the payee is living at the time any payment is made. The following table shows the amount of monthly payment for each $1,000 applied.

MONTHLY INSTALLMENTS

Age	Guaranteed Period		
	10 Years	15 Years	20 Years
MALE			
5	$2.46	$2.45	$2.45
15	2.59	2.58	2.58
25	2.77	2.77	2.76
35	3.05	3.04	3.03
45	3.47	3.45	3.42
55	4.13	4.07	3.97
65	5.21	4.96	4.63
75	6.82	5.96	5.12
85	8.46	6.52	5.26
FEMALE			
5	$2.40	$2.40	$2.40
15	2.52	2.52	2.52
25	2.68	2.68	2.68
35	2.92	2.91	2.91
45	3.28	3.27	3.25
55	3.85	3.81	3.76
65	4.80	4.67	4.45
75	6.41	5.78	5.07
85	8.32	6.49	5.26

Monthly payments for ages not shown will be furnished on request.

FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY TO AGE 100
NON-PARTICIPATING

SHELTER LIFE INSURANCE COMPANY
1817 WEST BROADWAY
COLUMBIA, MO 65218-0001

POLICY SCHEDULE

INSURED: [JOHN SMITH]   SPECIFIED AMOUNT: [$35,000.00]

POLICY NUMBER: [U000163556]   MINIMUM SPECIFIED AMOUNT: $25,000.00

POLICY DATE: [01-25-2008]   TARGET PREMIUM: [$1,298.85] [ANNUAL]

AGE ON POLICY DATE: [58]   SURRENDER FACTOR: [$1,500.00]

SEX: [MALE]   FIRST PREMIUM: [$342.72]

MATURITY DATE:* [01-25-2050]   PLANNED PREMIUM PAYMENT: [$324.72] [QUARTERLY]

RISK CLASS: [STANDARD]   MONTHLY EXPENSE CHARGE: [$4.00]

COVERAGE OPTION: [A]   PREMIUM CLASS: [NON-TOBACCO]

MINIMUM GUARANTEED
ANNUAL INTEREST RATE: [3.0%]

ADDITIONAL BENEFIT RIDERS

DESCRIPTION	AMOUNT OF INSURANCE
[ACCIDENTAL DEATH BENEFIT]	[$35,000.00]
[WAIVER OF MONTHLY DEDUCTION RIDER]	
[GUARANTEED INSURABILITY RIDER]	[$35,000.00]

ACCELERATED BENEFIT
    RECEIPT OF A BENEFIT UNDER THIS RIDER MAY BE TAXABLE. YOU
    SHOULD CONTACT YOUR PERSONAL TAX ADVISOR FOR SPECIFIC
    ADVICE. CASH VALUES, LOAN VALUES AND DEATH BENEFITS WILL
    BE REDUCED IF YOU RECEIVE ACCELERATED BENEFITS.

UNLESS OTHERWISE STATED ON THIS POLICY SCHEDULE, THE ANNUAL COST FOR
EACH RIDER IS SHOWN ON THE RIDER POLICY FORM.

*IT IS POSSIBLE THAT COVERAGE MAY NOT CONTINUE TO THE MATURITY DATE EVEN
IF PLANNED PREMIUMS ARE PAID IN A TIMELY MANNER.

[U-163556]
L-705.15

SHELTER LIFE INSURANCE COMPANY
1817 West Broadway
Columbia, MO 65218-0001
1-800-743-5837

POLICY SCHEDULE CONTINUED

POLICY NUMBER: [U000163556]

TABLE OF GUARANTEED ANNUAL COST OF INSURANCE RATES PER $1,000
FOR STANDARD RISK CLASS

POLICY YEAR	[NON] [TOBACCO] COST	POLICY YEAR	[NON] [TOBACCO] COST	POLICY YEAR	[NON] [TOBACCO] COST	POLICY YEAR	[NON] [TOBACCO] COST
[1]	[24.62]	[12]	[55.78]	[23]	[117.82]	[33]	[227.05]
[2]	[27.16]	[13]	[61.84]	[24]	[129.54]	[34]	[243.16]
[3]	[29.92]	[14]	[68.24]	[25]	[142.18]	[35]	[260.82]
[4]	[32.98]	[15]	[74.93]	[26]	[155.45]	[36]	[281.75]
[5]	[36.44]	[16]	[81.95]	[27]	[169.18]	[37]	[309.83]
[6]	[40.39]	[17]	[89.52]	[28]	[183.16]	[38]	[321.83]
[7]	[44.95]	[18]	[97.88]	[29]	[197.33]	[39]	[351.42]
[8]	[50.11]	[19]	[107.25]	[30]	[211.89]	[40]	[375.12]
[9]	[50.22]	[20]	[110.25]	[31]	[225.33]	[41]	[380.22]
[10]	[53.00]	[21]	[112.28]	[32]	[226.12]	[42]	[391.31]
[11]	[54.40]	[22]	[113.00]	[33]	[226.32]		

THE RATES SHOWN ABOVE CAN BE CONVERTED TO MONTHLY BY DIVIDING THEM BY TWELVE.

THE COMMISSIONERS 2001 STANDARD ORDINARY SMOKER OR NON-SMOKER ULTIMATE AGE LAST BIRTHDAY MORTALITY TABLE APPLIES. THE GUARANTEED RATES FOR RISK CLASSES OTHER THAN STANDARD WILL BE ADJUSTED ACCORDINGLY. WE MAY NEVER CHARGE MORE THAN THE RATES SHOWN ABOVE FOR STANDARD RISK CLASS.

PAGE 3.1

[U-163556]
L-705.15

SHELTER LIFE INSURANCE COMPANY
1817 West Broadway
Columbia, MO 65218-0001
1-800-743-5837

POLICY SCHEDULE CONTINUED

POLICY NUMBER: [U000163556]

**[WAIVER OF MONTHLY DEDUCTION RIDER
TABLE OF ANNUAL COST OF INSURANCE RATES PER $1,000]**

POLICY YEAR	[NON] [TOBACCO] COST
[1]	[2.88]
[2]	[3.48]
[3]	[.48]
[4]	[.36]
[5]	[.36]
[6]	[.24]
[7]	[.24]

THE RATES SHOWN ABOVE CAN BE CONVERTED TO MONTHLY BY DIVIDING THEM BY TWELVE.

WAIVER OF PREMIUM BENEFIT – COST OF INSURANCE AND MONTHLY EXPENSE CHARGES WAIVE IN THE EVENT OF TOTAL AND PERMANENT DISABILITY OCCURING BEFORE AGE 65. THESE RATES ARE BASED ON THE INSURED'S SEX, AGE AT THE BEGINNING OF THE CURRENT POLICY YEAR, AND A STANDARD RISK CLASS. RATES WILL BE ADJUSTED ACCORDINGLY IF THIS BENEFIT IS ISSUED IN A RISK CLASS OTHER THAN STANDARD

[PAGE 3.2]

[U-163556]
L-705.15

SERFF Tracking Number:	*SHLI-125746643*	*State:*	*Arkansas*
Filing Company:	*Shelter Life Insurance Company*	*State Tracking Number:*	*39737*
Company Tracking Number:	*03L10408*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*Universal Life Policy*		
Project Name/Number:	*UL/10408*		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	*SHLI-125746643*	*State:*	*Arkansas*	
Filing Company:	*Shelter Life Insurance Company*	*State Tracking Number:*	*39737*	
Company Tracking Number:	*03L10408*			
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*	
Product Name:	*Universal Life Policy*			
Project Name/Number:	*UL/10408*			

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice   07/24/2008

Comments:

Attachment:

CERTIFICATION-FLESCH-ARK.pdf

Review Status:

Satisfied -Name: Application   07/24/2008

Comments:

Attachment:

L-309.17.pdf

Review Status:

Satisfied -Name: Illustration Certification   07/24/2008

Comments:

Attachment:

AR UL Illus Cert - Alan.pdf

Review Status:

Satisfied -Name: Statement of Variability   07/24/2008

Comments:

Attachment:

Statement of Variability.pdf

Review Status:

Satisfied -Name: cost of insurance rates   08/14/2008

Comments:

Current and guaranteed cost of insurance rates. Current cost of insurance rates my change, but will never exceed the guaranteed cost of insurance rates.

Attachment:

Final UL Rates 2008 6-27-08 - monthly COI.pdf

SERFF Tracking Number:	*SHLI-125746643*	*State:*	*Arkansas*
Filing Company:	*Shelter Life Insurance Company*	*State Tracking Number:*	*39737*
Company Tracking Number:	*03L10408*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*Universal Life Policy*		
Project Name/Number:	*UL/10408*		

Review Status:

Satisfied -Name: Bull 11-83   08/14/2008

Comments:

Attachment:

11-83 Paticipating & NonPart Life Ins.pdf

SHELTER INSURANCE COMPANIES

SHELTER MUTUAL
SHELTER GENERAL
SHELTER LIFE

CERTIFICATION

This is to certify that the following forms have achieved the indicated Flesch Reading Ease Scores and comply with the requirements of Ark. Stat. Ann. 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form No.	Name	Score
L-705.9	Universal Life Insurance Policy	48.6

Signed_____
      Dina Krofta, FSA, MAAA
      Senior Life Actuary
      Shelter Life Insurance Company

SHELTER LIFE INSURANCE COMPANY
1817 WEST BROADWAY, COLUMBIA, MISSOURI 65218-0001

LIFE INSURANCE APPLICATION

Agent Name_____

Agent # _____

Applicant's Family #_____

PROPOSED INSURED

	(Last)	(First)	(MI)	(Suffix)		☐ Male
1. Name					Soc. Sec. No.	☐ Female

2. Marital Status	Hgt. ' "	Wgt. lbs.	Birth Date	Age	State of Birth

3. Address — (Street) (City) (County) (State) (Zip)

4. Home Phone	Cell Phone	Best Time to Contact

5. Driver's License No.   State

6. Country of Citizenship: ☐ US ☐ Other
   If Other, provide the following: Country of Citizenship _____ Length of Residency in US _____
   Visa Type: ☐ Permanent ☐ Temporary   If Temporary, Category   Expiration Date

7. Occupation   Name of Employer   Date Employed

   Annual Earned Income $ Income All Sources $

BENEFICIARY

8. Primary (List name, address, age, relationship, Payment Option) (If a trust, list name of Trustee, name & date of Trust)

   Contingent

TERM / TRADITIONAL

9. ☐ 10 Yr. Level Term   ☐ SYRT to 75   ☐ Whole Life   Face Amount $
   ☐ 20 Yr. Level Term   ☐ YRT to 85   ☐ 20 Pay Whole Life
   ☐ 30 Yr. Level Term   ☐ 5 Yr R & C Term   ☐   Mode Premium $

10. Rate Class: (Level Term, SYRT & YRT) ☐ STD ☐ STD/NT ☐ PRF/NT   (All other policies) ☐ STD ☐ PRF

11. WP ☐ Yes ☐ No   AD ☐ Yes ☐ No   Automatic Premium Loan ☐ Yes ☐ No (Not available on term insurance)

12. Dividend Option: ☐ Paid-Up Additions ☐ Accumulate at Interest ☐ Cash ☐ *Reduce Premium *(Not available on Special Monthly)

UNIVERSAL

13. ☐ Specified Amount - New Policy $ Target Prem $ Planned Prem (If more than Target) $

14. ☐ Specified Amount - Increase $ to UL Policy #   Planned Prem after Increase $

15. Rate Class: ☐ STD ☐ PRF   ☐ Option A (Level)   ☐ Option B (Increasing)   WMD ☐ Yes ☐ No   AD ☐ Yes ☐ No

RIDERS

16. ☐ Paid Up Additional Insurance Rider Premium Amount (WL and 20 Pay WL) $

17. ☐ Guaranteed Insurability Rider - Amount $ ☐ Payor Death and Disability Benefit (WL and 20 Pay WL)

18. ☐ Spouse's Term Rider (UL) - ☐ STD ☐ PRF - Amount $ ☐ Children's Term Rider (UL) - Amount $

19. Family Members/Payor to be Insured	Relationship	Sex	Hgt	Wgt	Birth Date	Age	US Cit?	Birth St.	SS No.

Occupation (Spouse/Payor)   Address (Payor)

PREMIUM

20. ☐ Annual   ☐ Semi-Annual   ☐ Quarterly   ☐ Monthly (WL and 20 Pay WL only)   ☐ Payroll Deduction
    ☐ MPP - Withdrawal Day of Month _____   Send Form & Void Check   ☐ Government Allotment (Except YRT)
    ☐ Special Billing - Name & Address of Company _____
    Remarks _____
    ☐ Prem included with application $ ☐ COD   ☐ Paid Up Additional Insurance Rider Prem Collected $

21. Name and address of person paying premium **only if** other than proposed insured or owner

22.	a.	Total individual life insurance and accidental death coverage in force or pending (excluding this application) in all companies including Shelter Life:	(Life) $	(Accidental Death) $

	b.	If Proposed Insured is under 16, show amount of life insurance on:	(Father) $	(Mother) $	(Sibling[s]) $

REPLACEMENT

23. Will this insurance replace or change any existing life insurance policy or annuity contract with any company including Shelter Life?
☐ Yes ☐ No   If Yes, list name of company, policy number, face amount and send replacement form(s) with application.

QUESTIONS 24 THROUGH 40 MUST BE ANSWERED FOR EACH PERSON TO BE INSURED INCLUDING APPLICANTS FOR SPOUSE'S TERM RIDER, CHILDREN'S TERM RIDER & PAYOR BENEFIT.

UNDERWRITING INFORMATION

24. List attending physician(s) for proposed insured(s) and provide name, address, phone number, date and reason for most recent consultation(s), treatment received and medications prescribed:

Physicians name, address and telephone number	Date/Reason/Diagnosis/Treatment/Medications Prescribed

		Yes	No
25.	Do you have a parent, brother or sister who:		
	a. has a history of diabetes, heart or kidney disease, or hypertension?...	☐	☐
	b. died before age 60? If yes, list relationship, age & cause of death in qt. 32...................................	☐	☐
26.	Have you engaged in or do you anticipate engaging in:		
	a. Aviation activities, including ultralight flying, hang gliding or parachute jumping?...........................	☐	☐
	b. Rodeo riding, underwater diving, racing of any motor powered vehicle or any other hazardous sport or hobby?.............	☐	☐
27.	In the past 5 years have you been charged with any Motor Vehicle violations or violations for driving while intoxicated from alcohol or drugs?...	☐	☐
28.	Are you planning travel, residence or employment outside the United States?...................................	☐	☐
29.	Do you now use or have you ever used any form of tobacco or nicotine substitutes?	☐	☐
	If yes, give date last used in qt. 32.		
30.	Are you in the National Guard or Reserves?	☐	☐
31.	Have you been charged with any Misdemeanor or Felony?	☐	☐
	If yes, give details such as type of offense, date, and whether or not convicted in qt. 32.		

32. FOR ALL YES ANSWERS TO QUESTIONS 25 THRU 31. GIVE FULL DETAILS BELOW.

Question No.	Name of Person	Date	Details

QUESTIONS 33 THROUGH 40 MAY BE OMITTED IF A MEDICAL EXAM IS REQUIRED.

UNDERWRITING INFORMATION

33. To the best of your knowledge and belief, have you ever been diagnosed or treated by a medical professional for: **Yes   No**

   a. hypertension, coronary artery disease, stroke, heart attack, chest pain, irregular heartbeat, or any other disease of the heart or blood vessels? ☐ ☐

   b. cancer, tumor or other growth or malignancy of any kind? ☐ ☐

   c. bronchitis, emphysema, shortness of breath or any other disease or disorder of the lungs or respiratory system? ☐ ☐

   d. depression, anxiety or any other behavioral, mental or nervous disorder? ☐ ☐

   e. epilepsy, seizures, sleep apnea or any other disease or disorder of the brain or nervous system? ☐ ☐

   f. diabetes, hepatitis, anemia or any other disease or disorder of the blood or glands? ☐ ☐

   g. arthritis, gout, or any other disease or disorder of the bones, muscles, joints, eyes or skin? ☐ ☐

   h. any disease or disorder of the stomach, intestines, colon, rectum, liver, pancreas or digestive system? ☐ ☐

   i. any disease or disorder of the kidney, bladder, prostate, urinary system or genital organs including complication of pregnancy? ☐ ☐

   j. Acquired Immune Deficiency Syndrome (AIDS), positive HIV test, or other immunological disorder? ☐ ☐

34. If female, are you now pregnant? If yes, give approximate delivery date in qt. 40. ☐ ☐

35. Are you currently receiving treatment, taking medication, or scheduled to have surgery? ☐ ☐

36. Weight loss of more than 10 lbs. in past year? If yes, list # of lbs. and reason in qt. 40. ☐ ☐

37. Have you:

   a. used or do you now use cocaine, methamphetamines, marijuana or any other drugs? If Yes, list type, amount, frequency and date last used in qt. 40. ☐ ☐

   b. used or do you now use alcoholic beverages? If Yes, provide type, frequency and amount in qt. 40 ☐ ☐

   c. sought or received treatment or counseling for alcohol or drug use? ☐ ☐

38. Have you received or do you now receive disability benefits or do you currently have a disability of any kind? ☐ ☐

39. In the past five years, have you consulted any physician or health care facility, been hospitalized, had any abnormal diagnostic tests or been advised to have treatment for any reason not explained above? ☐ ☐

40. FOR ALL YES ANSWERS IN QUESTIONS 33 THRU 39 GIVE FULL DETAILS BELOW.

Question No.	Name of Person	Describe Illness or Injury and Medical Attention	Date Mo Day Yr	Duration	Details Including Any Remaining Effects	Names, Addresses, and Phone Numbers of Physicians & Hospitals

41. List name, address, date of birth and relationship of OWNER if other than Proposed Insured.

42. List name, address and relationship of SUCCESSOR OWNER. (A successor owner is not required.)

43. Special Requests.

44. The Owner and Proposed Insured, if other than the Owner, each declares that he or she has read the answers recorded in this application and that they are complete and true to the best of his or her knowledge and belief, and agrees that:

   a. this application and any amendments to it and any statements made and recorded on the medical examination form shall become the basis for and be a part of any contract of insurance;

   b. any policy or rider issued on the basis of this application will belong to and be solely under the control of the Owner;

   c. only the Shelter Life Insurance Company, at its Home Office, may make or modify contracts or waive any of its rights or requirements, and then only in writing;

   d. no Agent of Shelter Life Insurance Company and no Medical Examiner is authorized to accept or pass upon insurability; and

   e. except as provided in the Conditional Coverage Receipt, if issued, insurance will not be effective unless:

      (1) a policy is delivered to the owner during the lifetime of all persons proposed for insurance; and

      (2) to the best of the owner's and proposed insured's knowledge there has been no material change in the answers herein since the date of this application or the completion of all medical examination requirements.

45. THE OWNER DECLARES THAT THE CONDITIONAL COVERAGE RECEIPT HAS BEEN DETACHED FROM THIS APPLICATION AND GIVEN TO HIM OR HER .... ☐ Yes ☐ No

IF "YES" THE OWNER FURTHER DECLARES THAT THE TERMS AND CONDITIONS OF THE CONDITIONAL COVERAGE RECEIPT HAVE BEEN BROUGHT SPECIFICALLY TO HIS OR HER ATTENTION AND THAT HE OR SHE UNDERSTANDS AND ACCEPTS THEM.

THE PROPOSED INSURED ACKNOWLEDGES RECEIPT OF THE NOTICE OF CONSUMER REPORT AND MIB PRE-NOTICE AS REQUIRED BY THE CONSUMER PROTECTION AGENCY.

THIS APPLICATION IS A LEGAL DOCUMENT. THE POLICY MAY BE ALTERED OR RESCINDED IF THE QUESTIONS ARE NOT ANSWERED CORRECTLY AND TRUTHFULLY.

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

☐ A.M.
Dated this _____ day of _____, _____ at _____ ☐ P.M. in the city of_____ State of_____
                          Month   Year   Time

_____
Signature of Proposed Insured or of Parent or Legal Guardian if Under Age 18

_____
Signature of spouse, if applying

_____
Signature of Owner, if other than Proposed Insured, or of
Parent or Grandparent Owner if Proposed Insured is Under Age 18

_____
Owner's Social Security Number

I HEREBY CERTIFY THAT I PERSONALLY ASKED EVERY QUESTION OF THE OWNER, AND PROPOSED INSURED IF OTHER THAN OWNER, AND ACCURATELY RECORDED THE ANSWERS GIVEN AND THAT I WITNESSED THE SIGNATURE(S) ABOVE.

_____
Print Name of Writing Agent

_____
Signature of Writing Agent

_____
Agent's Number

1. Does proposed insured have other life insurance in force with Shelter Life?
   ☐ Yes ☐ No   If yes, give policy numbers

2. Has a Medical Examination and/or other testing been arranged?   ☐ Yes   ☐ No. SEE MANUAL FOR REQUIREMENTS.

3. If blood profile is required, have you attached the special blood test authorization form if one is required in your state? ☐ Yes ☐ No

4. Do you know or have any reason to believe that replacement of existing Life insurance is involved?   ☐ Yes ☐ No
   If yes, give policy numbers, names and addresses of companies that issued such policies and expected date of lapse.

5. Does this application involve a 1035 exchange (UL Only)? ☐ Yes ☐ No   If Yes, send appropriate form.   ☐External   ☐ Internal

6. AS REQUIRED BY FEDERAL LAW, did you detach and give the NOTICE OF CONSUMER REPORT to the Proposed Insured (or Owner if the Proposed Insured is a juvenile)?   ☐ YES.

7. Did you solicit this business?   ☐ Yes ☐ No. If No, explain

8. Is any person applying for coverage related to you? ☐ Yes ☐ No. If Yes, give relationship

_____   _____
Signature of Writing Agent   Agent's Number

I hereby authorize Shelter Life Insurance Company to obtain medical tests on blood, oral fluid or urine samples in connection with the underwriting of my application for insurance with Shelter Life Insurance Company.

I understand that such tests will be performed by laboratories selected by Shelter Life Insurance Company and may include, but are not limited to, test for cholesterol and related blood lipids, diabetes, hepatitis or other liver disorders, kidney disorders, infection by the Acquired Immune Deficiency Syndrome virus, immune disorders, or the presence of medications, drugs, nicotine, or their metabolites.

The results of these tests will be made known only to Shelter Insurance Companies and/or their reinsurers, and possibly the Medical Information Bureau as described in the Pre-Notice which was given to me as part of the application process. Positive HIV and hepatitis test results will be reported to your State Department of Health if we or the testing laboratory are required to do so by law. Test results will not be released to anyone else or any institution except as required by law, by court order or by written authorization from me to release it to a physician designated by me.

_____
Date

_____
Signature of Proposed Insured or Parent if Proposed Insured is a Juvenile

_____
Date

_____
Signature of Spouse, if applying

Authorization for Use or Disclosure
Of Protected Health Information

1.   I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, MIB Group, Inc. or other organization, institution, or person, that has any records or knowledge of me or my health, to give to the Shelter Life Insurance Company, its Medical Director, its reinsurers, and Shelter Mutual Insurance Company, any and all such health information. I further authorize Shelter Life Insurance Company, and its reinsurers, to disclose such protected health information to MIB Group, Inc., a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

2.   I understand that this protected health information will be used to locate or underwrite insurance for me, or to determine whether a valid claim for benefits has been made. The information may also be disclosed by Shelter Life Insurance Company to MIB, who, upon request, may disclose such information about me in its file to another member company with whom I apply for life or health insurance or to whom a claim for benefits may be submitted.

3.   I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.

4.   I understand that the information in my health record may include information that may be considered a communicable or venereal disease that may include, but is not limited to diseases such as hepatitis, syphilis, gonorrhea, and acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse.

5.   This authorization is valid for 12 months from the date of signing. I understand that I may revoke this authorization at any time by sending written notification to Shelter Life Insurance Company, 1817 West Broadway, Columbia, MO 65218-0001, except to the extent that action has been taken in reliance on this authorization. A photographic copy of this authorization will be treated in the same manner as the original.

_____
Print Name and Date of Birth of Proposed Insured

_____   _____
Signature of Proposed Insured or Parent if Proposed Insured is a Juvenile   Date

_____
Print Name and Date of Birth of Spouse, If Applying

_____   _____
Signature of Spouse, If Applying   Date

A copy of this signed form will be provided to the individual upon request.

THIS AUTHORIZATION MEETS THE REQUIREMENTS SET FORTH IN THE HIPAA PRIVACY RULE (45 CFR 164.508).

Detach and leave with Proposed Insured
or owner **ONLY IF** premium is collected with application.

<div style="border: 1px solid black; padding: 10px;">

CONDITIONAL COVERAGE RECEIPT (sidebar, vertical)

CONDITIONAL COVERAGE RECEIPT - void if altered or modified or if check given in payment is not honored.

NO INSURANCE WILL BE EFFECTIVE BEFORE POLICY DELIVERY TO PROPOSED INSURED OR OTHER OWNER UNLESS ALL THE CONDITIONS ON THIS RECEIPT ARE FULFILLED EXACTLY.

Premium received from _____ Amount $ _____
in connection with the application for insurance made on this date to Shelter Life Insurance Company, 1817 West Broadway, Columbia, Missouri 65218-0001.

Policy Applied For_____ Face Amount $ _____

by _____ _____ _____
           Signature of Writing Agent   Agent's Number   Date

ALL PREMIUM CHECKS MUST BE MADE PAYABLE TO SHELTER LIFE INSURANCE COMPANY. DO NOT POSTDATE OR MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

If Shelter Life Insurance Company declines to issue the policy applied for, or issues it other than as applied for, which you do not accept, the payment will be returned.

CONDITIONS PRECEDENT - EFFECTIVE DATE OF INSURANCE

The insurance for which you (Proposed Insured) have applied, will be effective on the date of the application or the date a required medical examination and/or test(s) of any kind is completed, whichever is later, but only if the following conditions are met:

1. You have paid the full premium with the application;
2. You have completed all medical examination requirements;
3. We (Shelter Life Insurance Company), at our Home Office, have determined by our guidelines, that all persons for whom coverage is requested are qualified for the types and amounts of insurance requested at the premium paid.

If the above conditions are not met, no one for whom insurance is requested will be insured unless we offer and you accept the policy under modified terms. That modified policy will be effective on the date approved by us at our Home Office only if (1) we deliver your policy while all persons in the application are alive: (2) to your best knowledge there has been no material change in your answers on the application since the application date; and (3) you have paid any additional premium and/or signed any endorsements required.

CONDITIONAL COVERAGE AMOUNT AND LIMIT - The amount of insurance which may become effective on any person to be insured under the policy applied for prior to delivery will not exceed the lesser of: (a) $250,000, including accidental death benefits, on all pending applications or (b) the amount applied for.

NO AGENT OF SHELTER LIFE INSURANCE COMPANY IS AUTHORIZED TO CHANGE ANY PROVISION OR CONDITION OF THIS RECEIPT.

</div>

Detach and leave with Proposed Insured
when application is written.

ILLUSTRATION CERTIFICATION

TO: Insurance Commissioner of the State of Arkansas

RE: Policy Forms: L-705.9

I, Alan Larson, am the Life Actuary of Shelter Life Insurance Company, and a member of the American Academy of Actuaries in good standing. I was appointed by the Board of Directors of said insurer to be the Illustration Actuary for all plans of insurance subject to the Life Insurance Illustration Regulation for this state. The appointment was documented in the Board minutes dated July 18, 2005. I meet the Academy requirements for making this certification and the requirements of applicable state regulations.

Scales of nonguaranteed elements used in illustrating the plans of insurance described above meet the requirements of the Regulation. The disciplined current scales for these plans are in conformity with the Actuarial Standard of Practice for Compliance with the NAIC Life Insurance Illustration Model Regulation (ASOP 24) promulgated by the Actuarial Standards Board. Moreover:

- No currently payable scale for business issued within the last five years and within the scope of this certification has been reduced for reasons other than changes in the experience factors underlying the disciplined current scale.

- Nonguaranteed elements illustrated for new policies are consistent with those illustrated for similar in-force policies.

- Illustrated nonguaranteed elements for new and in-force policies subject to this regulation are consistent with the nonguaranteed element amounts actually credited or charged to the same or similar forms.

- The minimum expenses used in the calculation of the disciplined current scale for all policy forms subject to this regulation are based on Fully Allocated Expenses of Shelter Life Insurance Company.

DATED: 07-22-2008

Alan Larson, ASA, MAAA
Illustration Actuary

SHELTER LIFE INSURANCE COMPANY
STATEMENT OF VARIABLITY

FORMS:

Bracketed Field Name on Contract Information page	Description of Variability
INSURED	Insured name
POLICY NUMBER	Lxxxxxxxxx; as assigned by Shelter Life Insurance Company
POLICY DATE	Date
AGE ON POLICY DATE	Ages 0-80
SEX	Male or Female
MATURITY DATE	Policy Anniversary following the Insured's 100th Birthday
RISK CLASS	Standard or Special
COVERAGE OPTION	A or B
MINIMUM GUARANTEED INTEREST RATE	Percentage compliant with Standard Nonforfeiture Regulations
SPECIFIED AMOUNT	Amounts greater than $25,000.
TARGET PREMIUM	Dollar value greater than zero.
SURRENDER FACTOR	Dollar value greater than zero that is compliant with Standard Nonforfeiture Regulations
FIRST PREMIUM	Dollar value greater than zero.
PLANNED PREMIUM PAYMENT	Dollar value greater than zero. Mode either Monthly, Quarterly, Semi-Annual or Annual
MONTHLY EXPENSE CHARGE	Dollar value greater than zero.
PREMIUM CLASS	Non-Tobacco or Standard
BENEFIT DESCRIPTION	Waiver of Premium, Accidental Death Rider, Guaranteed Insurabililty Rider, Accelerated Death Benefit Rider or Blank. Could have multiple riders.
AMOUNT OF INSURANCE	up to 2 times base coverage for Accidental Death Benefit up to 2 times base coverage for Guaranteed Insurability Rider none for other riders
AGENT NUMBER	Varies by writing agent - all in "6364" format
AGENT STATE	Varies by writing agent - all in "35" format
Heading for Premium Column	Non-Tobacco or Standard
POLICY YEAR	Years 1 up to a maximum of 100
PREMIUM	Minimum of $0.00

Guaranteed To Age 100

Attained Age	Female Smoker Band 1	Female Smoker Band 2	Female Non-smoker Band 1	Female Non-smoker Band 2	Male Smoker Band 1	Male Smoker Band 2	Male Non-smoker Band 1	Male Non-smoker Band 2
0			0.03500	0.03500			0.06000	0.06000
1			0.02583	0.02583			0.03833	0.03833
2			0.01917	0.01917			0.02750	0.02750
3			0.01667	0.01667			0.02000	0.02000
4			0.01583	0.01583			0.01750	0.01750
5			0.01500	0.01500			0.01750	0.01750
6			0.01583	0.01583			0.01833	0.01833
7			0.01750	0.01750			0.01833	0.01833
8			0.01750	0.01750			0.01833	0.01833
9			0.01750	0.01750			0.01917	0.01917
10			0.01833	0.01833			0.02000	0.02000
11			0.02083	0.02083			0.02333	0.02333
12			0.02250	0.02250			0.02833	0.02833
13			0.02583	0.02583			0.03333	0.03333
14			0.02833	0.02833			0.04333	0.04333
15	0.03000	0.03000	0.03000	0.03000	0.05500	0.05500	0.05500	0.05500
16	0.03583	0.03583	0.03250	0.03250	0.07167	0.07167	0.06417	0.06417
17	0.03917	0.03917	0.03417	0.03417	0.08583	0.08583	0.07250	0.07250
18	0.04250	0.04250	0.03583	0.03583	0.09500	0.09500	0.07667	0.07667
19	0.04667	0.04667	0.03750	0.03750	0.10250	0.10250	0.07833	0.07833
20	0.04917	0.04917	0.03750	0.03750	0.10833	0.10833	0.07917	0.07917
21	0.05250	0.05250	0.03917	0.03917	0.11333	0.11333	0.07917	0.07917
22	0.05500	0.05500	0.04000	0.04000	0.11917	0.11917	0.07917	0.07917
23	0.05750	0.05750	0.04000	0.04000	0.12500	0.12500	0.08000	0.08000
24	0.06083	0.06083	0.04167	0.04167	0.13167	0.13167	0.08083	0.08083
25	0.06583	0.06583	0.04250	0.04250	0.13917	0.13917	0.08333	0.08333
26	0.07000	0.07000	0.04583	0.04583	0.14667	0.14667	0.08667	0.08667
27	0.07417	0.07417	0.04750	0.04750	0.15083	0.15083	0.08833	0.08833
28	0.07917	0.07917	0.05000	0.05000	0.15167	0.15167	0.08667	0.08667
29	0.08417	0.08417	0.05250	0.05250	0.15083	0.15083	0.08583	0.08583
30	0.08917	0.08917	0.05500	0.05500	0.15000	0.15000	0.08500	0.08500
31	0.09583	0.09583	0.05833	0.05833	0.15083	0.15083	0.08417	0.08417
32	0.10250	0.10250	0.06167	0.06167	0.15333	0.15333	0.08500	0.08500
33	0.11083	0.11083	0.06583	0.06583	0.15833	0.15833	0.08750	0.08750
34	0.12167	0.12167	0.07083	0.07083	0.16417	0.16417	0.08917	0.08917
35	0.13250	0.13250	0.07667	0.07667	0.17083	0.17083	0.09333	0.09333
36	0.14333	0.14333	0.08250	0.08250	0.18083	0.18083	0.09750	0.09750
37	0.15250	0.15250	0.08750	0.08750	0.19250	0.19250	0.10333	0.10333
38	0.16167	0.16167	0.09167	0.09167	0.20667	0.20667	0.11083	0.11083
39	0.17167	0.17167	0.09667	0.09667	0.22250	0.22250	0.11750	0.11750
40	0.18250	0.18250	0.10250	0.10250	0.24167	0.24167	0.12667	0.12667
41	0.19500	0.19500	0.10917	0.10917	0.26500	0.26500	0.13750	0.13750
42	0.21083	0.21083	0.11667	0.11667	0.29250	0.29250	0.15083	0.15083
43	0.22833	0.22833	0.12583	0.12583	0.32500	0.32500	0.16667	0.16667
44	0.24917	0.24917	0.13667	0.13667	0.36167	0.36167	0.18417	0.18417
45	0.27333	0.27333	0.14917	0.14917	0.39833	0.39833	0.20333	0.20333
46	0.30167	0.30167	0.16417	0.16417	0.43500	0.43500	0.22250	0.22250
47	0.33667	0.33667	0.18167	0.18167	0.46583	0.46583	0.23833	0.23833
48	0.37833	0.37833	0.20083	0.20083	0.48917	0.48917	0.25083	0.25083
49	0.42500	0.42500	0.22250	0.22250	0.51917	0.51917	0.26667	0.26667
50	0.47500	0.47500	0.24667	0.24667	0.55833	0.55833	0.28750	0.28750
51	0.53000	0.53000	0.27417	0.27417	0.60917	0.60917	0.31417	0.31417
52	0.58917	0.58917	0.30500	0.30500	0.67083	0.67083	0.34667	0.34667
53	0.65333	0.65333	0.33750	0.33750	0.74500	0.74500	0.38417	0.38417
54	0.72167	0.72167	0.37167	0.37167	0.83333	0.83333	0.43167	0.43167
55	0.79417	0.79417	0.41083	0.41083	0.92750	0.92750	0.48500	0.48500
56	0.87167	0.87167	0.45333	0.45333	1.02500	1.02500	0.54000	0.54000
57	0.95000	0.95000	0.49833	0.49833	1.11500	1.11500	0.59333	0.59333
58	1.03167	1.03167	0.54500	0.54500	1.20083	1.20083	0.64667	0.64667
59	1.11917	1.11917	0.59250	0.59250	1.30167	1.30167	0.70917	0.70917
60	1.21000	1.21000	0.64250	0.64250	1.42583	1.42583	0.78500	0.78500
61	1.30833	1.30833	0.69750	0.69750	1.57750	1.57750	0.87750	0.87750
62	1.41250	1.41250	0.75583	0.75583	1.75167	1.75167	0.98500	0.98500
63	1.51917	1.51917	0.81750	0.81750	1.93833	1.93833	1.10250	1.10250
64	1.63417	1.63417	0.88500	0.88500	2.12500	2.12500	1.22500	1.22500
65	1.75833	1.75833	0.96000	0.96000	2.30750	2.30750	1.35250	1.35250
66	1.89333	1.89333	1.04167	1.04167	2.48417	2.48417	1.48167	1.48167
67	2.04333	2.04333	1.13250	1.13250	2.66250	2.66250	1.61667	1.61667
68	2.20750	2.20750	1.23333	1.23333	2.84500	2.84500	1.75917	1.75917
69	2.38833	2.38833	1.34333	1.34333	3.04583	3.04583	1.91917	1.91917
70	2.59250	2.59250	1.46750	1.46750	3.27583	3.27583	2.10583	2.10583
71	2.82083	2.82083	1.60917	1.60917	3.55833	3.55833	2.33250	2.33250
72	3.06917	3.06917	1.76417	1.76417	3.88667	3.88667	2.59750	2.59750
73	3.34000	3.34000	1.93333	1.93333	4.21750	4.21750	2.87667	2.87667
74	3.62333	3.62333	2.12083	2.12083	4.57583	4.57583	3.17667	3.17667
75	3.92083	3.92083	2.32667	2.32667	4.97417	4.97417	3.50333	3.50333
76	4.24250	4.24250	2.55250	2.55250	5.41583	5.41583	3.87167	3.87167
77	4.58917	4.58917	2.80250	2.80250	5.92667	5.92667	4.30000	4.30000
78	4.96333	4.96333	3.07500	3.07500	6.51250	6.51250	4.79750	4.79750
79	5.36583	5.36583	3.37417	3.37417	7.15750	7.15750	5.35500	5.35500
80	5.86750	5.86750	3.74583	3.74583	7.86250	7.86250	5.97667	5.97667
81	6.48083	6.48083	4.20250	4.20250	8.61167	8.61167	6.65250	6.65250
82	7.11250	7.11250	4.68583	4.68583	9.38250	9.38250	7.36833	7.36833
83	7.75750	7.75750	5.19333	5.19333	10.20417	10.20417	8.15000	8.15000
84	8.42917	8.42917	5.75917	5.75917	11.13333	11.13333	9.01917	9.01917
85	9.05000	9.05000	6.33250	6.33250	12.18667	12.18667	9.98583	9.98583
86	9.76750	9.76750	7.01000	7.01000	13.32917	13.32917	11.04917	11.04917
87	10.65750	10.65750	7.84667	7.84667	14.54333	14.54333	12.19833	12.19833
88	11.54833	11.54833	8.72917	8.72917	15.80917	15.80917	13.42000	13.42000
89	12.36333	12.36333	9.60750	9.60750	17.11083	17.11083	14.70167	14.70167
90	12.82667	12.82667	10.25417	10.25417	18.36833	18.36833	15.97833	15.97833
91	13.20667	13.20667	10.87250	10.87250	19.56500	19.56500	17.23500	17.23500
92	14.02750	14.02750	11.89750	11.89750	20.79333	20.79333	18.55167	18.55167
93	15.18917	15.18917	13.28667	13.28667	22.06333	22.06333	19.94000	19.94000
94	16.80833	16.80833	15.01667	15.01667	23.41833	23.41833	21.40250	21.40250
95	18.71833	18.71833	16.89917	16.89917	24.78250	24.78250	22.85083	22.85083
96	20.53750	20.53750	18.75333	18.75333	26.07750	26.07750	24.26500	24.26500
97	21.61667	21.61667	19.95667	19.95667	27.44250	27.44250	25.77167	25.77167
98	22.04917	22.04917	20.61000	20.61000	28.88333	28.88333	27.37833	27.37833
99	23.21417	23.21417	21.96583	21.96583	30.40417	30.40417	29.09250	29.09250
100	24.79000	24.79000	23.72833	23.72833	31.82667	31.82667	30.73000	30.73000

Female   Smoker   Band 1

Issue Age	1	2	3	4	5	6	7	8
15	0.01594	0.01722	0.01861	0.02010	0.02683	0.02500	0.02667	0.02917
16	0.01805	0.01944	0.02093	0.02767	0.02583	0.02750	0.03000	0.03250
17	0.02028	0.02177	0.02683	0.02667	0.02833	0.03083	0.03333	0.03583
18	0.02260	0.02600	0.02750	0.02917	0.03167	0.03417	0.03667	0.03833
19	0.02517	0.02833	0.03000	0.03250	0.03500	0.03750	0.03917	0.04333
20	0.02917	0.03083	0.03333	0.03583	0.03833	0.04000	0.04417	0.04833
21	0.03000	0.03250	0.03500	0.03750	0.03917	0.04333	0.04750	0.05167
22	0.03167	0.03417	0.03667	0.03833	0.04250	0.04667	0.05083	0.05667
23	0.03333	0.03583	0.03750	0.04167	0.04583	0.05000	0.05583	0.07500
24	0.03500	0.03667	0.04083	0.04500	0.04917	0.05500	0.07417	0.08083
25	0.03583	0.04000	0.04417	0.04833	0.05417	0.07333	0.08000	0.08583
26	0.03917	0.04333	0.04750	0.05333	0.07250	0.07917	0.08500	0.09333
27	0.04250	0.04667	0.05250	0.07167	0.07833	0.08417	0.09250	0.09917
28	0.04583	0.05167	0.07083	0.07750	0.08333	0.09167	0.09833	0.10667
29	0.05083	0.07000	0.07667	0.08250	0.09083	0.09750	0.10583	0.12250
30	0.06917	0.07583	0.08167	0.09000	0.09667	0.10500	0.12167	0.12583
31	0.07500	0.08083	0.08917	0.09583	0.10417	0.12083	0.12500	0.12917
32	0.08000	0.08833	0.09500	0.10333	0.12000	0.12417	0.12833	0.13500
33	0.08750	0.09417	0.10250	0.11917	0.12333	0.12750	0.13417	0.15083
34	0.09333	0.10167	0.11833	0.12250	0.12667	0.13333	0.15000	0.17500
35	0.10083	0.11750	0.12167	0.12583	0.13250	0.14917	0.17417	0.19917
36	0.11667	0.12083	0.12500	0.13167	0.14833	0.17333	0.19833	0.20833
37	0.12000	0.12417	0.13083	0.14750	0.17250	0.19750	0.22833	0.23333
38	0.12333	0.13000	0.14667	0.17167	0.19667	0.22833	0.24667	0.25000
39	0.12917	0.14583	0.17083	0.19583	0.22833	0.24583	0.27083	0.28750
40	0.14500	0.17000	0.19500	0.22833	0.24500	0.27000	0.28667	0.30333
41	0.16917	0.19417	0.22750	0.24417	0.26917	0.28583	0.30250	0.31917
42	0.19333	0.22667	0.24333	0.26833	0.28500	0.30167	0.31833	0.34528
43	0.22583	0.24250	0.26750	0.28417	0.30083	0.31750	0.34444	0.47500
44	0.24167	0.26667	0.28333	0.30000	0.31667	0.34361	0.47500	0.50000
45	0.26583	0.28250	0.29917	0.31583	0.34278	0.47500	0.52967	0.54167
46	0.28167	0.29833	0.31500	0.34194	0.47500	0.52958	0.58667	0.64500
47	0.29750	0.31417	0.34111	0.47500	0.52950	0.58583	0.64417	0.70250
48	0.31333	0.34028	0.47500	0.52942	0.58500	0.64333	0.70167	0.77250
49	0.33944	0.47500	0.52933	0.58417	0.64250	0.70083	0.77167	0.85500
50	0.47500	0.52917	0.58333	0.64167	0.70000	0.77083	0.85417	0.93750
51	0.52833	0.58250	0.64083	0.69917	0.77000	0.85333	0.93667	1.00750
52	0.58167	0.64000	0.69833	0.76917	0.85250	0.93583	1.00667	1.02333
53	0.63917	0.69750	0.76833	0.85167	0.93500	1.00583	1.02250	1.17250
54	0.69667	0.76750	0.85083	0.93417	1.00500	1.02167	1.17167	1.29667
55	0.76667	0.85000	0.93333	1.00417	1.02083	1.17083	1.29583	1.37917
56	0.84917	0.93250	1.00333	1.02000	1.17000	1.29500	1.37833	1.46167
57	0.93167	1.00250	1.01917	1.16917	1.29417	1.37750	1.46083	1.58583
58	1.00167	1.01833	1.16833	1.29333	1.37667	1.46000	1.58500	1.71000
59	1.01750	1.16750	1.29250	1.37583	1.45917	1.58417	1.70917	1.79250
60	1.16667	1.29167	1.37500	1.45833	1.58333	1.70833	1.79167	1.91667
61	1.23333	1.37083	1.45417	1.57083	1.70833	1.75000	1.91667	2.02500

62	1.30000	1.45000	1.55000	1.68333	1.73333	1.89583	2.00000	2.14167
63	1.36667	1.52917	1.64583	1.70000	1.85833	1.99167	2.13333	2.35000
64	1.43333	1.60833	1.66667	1.81250	1.98333	2.11667	2.31250	2.55833
65	1.50000	1.61667	1.76250	1.92500	2.10833	2.26250	2.49167	2.76667
66	1.56667	1.69583	1.85833	2.03750	2.23333	2.40833	2.67083	2.97500
67	1.63333	1.77500	1.95417	2.15000	2.35833	2.55417	2.85000	3.18333
68	1.70000	1.85417	2.05000	2.26250	2.48333	2.70000	3.02917	3.39167
69	1.76667	1.93333	2.14583	2.37500	2.60833	2.84583	3.20833	3.60000
70	1.83333	2.08333	2.33333	2.58333	2.83333	3.16667	3.58333	4.00000
71	1.96800	2.24133	2.51750	2.79850	3.08450	3.45933	3.91283	4.33333
72	2.10267	2.39933	2.70167	3.01367	3.33567	3.75200	4.24233	4.75000
73	2.23733	2.55733	2.88583	3.22883	3.58683	4.04467	4.57183	5.20583
74	2.37200	2.71533	3.07000	3.44400	3.83800	4.33733	4.90133	5.66167
75	2.50667	2.87333	3.25417	3.65917	4.08917	4.63000	5.23083	6.27917

9	10	11+	Attained Age
0.03167	0.03417	0.04333	25
0.03500	0.03667	0.04583	26
0.03750	0.04167	0.05000	27
0.04250	0.04667	0.05333	28
0.04750	0.05167	0.05917	29
0.05250	0.05667	0.06167	30
0.05750	0.06167	0.06917	31
0.06278	0.06889	0.07500	32
0.07722	0.07944	0.08167	33
0.08389	0.08694	0.09000	34
0.09083	0.09583	0.10083	35
0.09861	0.10389	0.10917	36
0.10583	0.10917	0.11917	37
0.11278	0.11889	0.12500	38
0.12611	0.12972	0.13333	39
0.13000	0.13417	0.14083	40
0.13583	0.14083	0.14917	41
0.14333	0.14917	0.16000	42
0.15806	0.16000	0.17250	43
0.17944	0.18389	0.18833	44
0.20139	0.20361	0.20583	45
0.21417	0.22000	0.22583	46
0.23889	0.24444	0.25000	47
0.26083	0.27167	0.28250	48
0.29778	0.30806	0.31833	49
0.32000	0.33667	0.35750	50
0.34611	0.37306	0.40000	51
0.37880	0.41231	0.44583	52
0.48194	0.48889	0.49583	53
0.51667	0.53333	0.55000	54
0.56417	0.58667	0.60917	55
0.65444	0.66389	0.67333	56
0.71583	0.72917	0.74250	57
0.78528	0.79806	0.81083	58
0.86639	0.87778	0.88917	59
1.00833	1.02500	1.04167	60
1.02417	1.10667	1.17500	61
1.10583	1.18833	1.27083	62
1.23861	1.30472	1.37083	63
1.38000	1.46333	1.48750	64
1.46250	1.58750	1.60000	65
1.58667	1.71167	1.72917	66
1.71083	1.79417	1.87083	67
1.79333	1.91833	2.03750	68
1.91750	2.03000	2.25000	69
2.02917	2.15833	2.41667	70
2.15000	2.43417	2.58333	71

2.38875	2.71000	2.74500	72
2.62750	2.98583	3.00917	73
2.76750	3.00708	3.25667	74
3.00625	3.28292	3.55000	75
3.24500	3.55875	3.87167	76
3.48375	3.83458	4.22000	77
3.72250	4.11042	4.59833	78
3.96125	4.38625	5.01167	79
4.41667	4.91667	5.46083	80
4.83333	5.46917	5.79817	81
5.33483	6.02167	6.47583	82
5.83633	6.57417	7.15746	83
6.33783	7.12667	7.91271	84
6.92417	7.67917	8.59750	85
		9.27913	86
		10.12463	87
		10.97092	88
		11.74517	89
		12.18533	90
		12.54633	91
		13.32613	92
		14.42971	93
		15.96792	94
		17.78242	95
		19.51063	96
		20.53583	97
		20.94671	98
		22.05346	99
		23.55050	100

Female   Smoker   Band 2

Issue Age	1	2	3	4	5	6	7	8
15	0.02575	0.02734	0.02893	0.03052	0.03211	0.03370	0.03528	0.03687
16	0.02864	0.03019	0.03175	0.03330	0.03485	0.03640	0.03796	0.03951
17	0.03157	0.03323	0.03490	0.03656	0.03822	0.03989	0.04155	0.04322
18	0.03453	0.03623	0.03792	0.03962	0.04132	0.04302	0.04471	0.04641
19	0.03750	0.03946	0.04141	0.04337	0.04532	0.04728	0.04924	0.05119
20	0.04167	0.04583	0.05000	0.05000	0.05417	0.05833	0.06250	0.06667
21	0.04500	0.04917	0.04917	0.05333	0.05750	0.06167	0.06583	0.07000
22	0.04833	0.04833	0.05250	0.05667	0.06083	0.06500	0.06917	0.07303
23	0.04750	0.05167	0.05583	0.06000	0.06417	0.06833	0.07220	0.07659
24	0.05083	0.05500	0.05917	0.06333	0.06750	0.07136	0.08833	0.09250
25	0.05417	0.05833	0.06250	0.06667	0.07053	0.08750	0.09167	0.10000
26	0.05750	0.06167	0.06583	0.06970	0.08667	0.09083	0.09917	0.10333
27	0.06083	0.06500	0.06886	0.08583	0.09000	0.09833	0.10250	0.11083
28	0.06417	0.06803	0.08500	0.08917	0.09750	0.10167	0.11000	0.11833
29	0.06720	0.08417	0.08833	0.09667	0.10083	0.10917	0.11750	0.12583
30	0.08333	0.08750	0.09583	0.10000	0.10833	0.11667	0.12500	0.13333
31	0.08667	0.09500	0.09917	0.10750	0.11583	0.12417	0.13250	0.14083
32	0.09417	0.09833	0.10667	0.11500	0.12333	0.13167	0.14000	0.15250
33	0.09750	0.10583	0.11417	0.12250	0.13083	0.13917	0.15167	0.16417
34	0.10500	0.11333	0.12167	0.13000	0.13833	0.15083	0.16333	0.17583
35	0.11250	0.12083	0.12917	0.13750	0.15000	0.16250	0.17500	0.18750
36	0.12000	0.12833	0.13667	0.14917	0.16167	0.17417	0.18667	0.19773
37	0.12750	0.13583	0.14833	0.16083	0.17333	0.18583	0.20250	0.21515
38	0.13500	0.14750	0.16000	0.17250	0.18500	0.20167	0.21833	0.23333
39	0.14667	0.15917	0.17167	0.18417	0.20083	0.21750	0.24250	0.26023
40	0.15833	0.17083	0.18333	0.20000	0.21667	0.24167	0.26667	0.30000
41	0.17000	0.18250	0.19917	0.21583	0.24083	0.26583	0.29917	0.34083
42	0.18167	0.19833	0.21500	0.24000	0.26500	0.29833	0.34000	0.39000
43	0.19750	0.21417	0.23917	0.26417	0.29750	0.33917	0.38917	0.47500
44	0.21333	0.23833	0.26333	0.29667	0.33833	0.38833	0.47500	0.52967
45	0.23750	0.26250	0.29583	0.33750	0.38750	0.47500	0.52958	0.58750
46	0.26167	0.29500	0.33667	0.38667	0.47500	0.52950	0.58667	0.65333
47	0.29417	0.33583	0.38583	0.47500	0.52942	0.58583	0.65250	0.71917
48	0.33500	0.38500	0.47500	0.52933	0.58500	0.65167	0.71833	0.78500
49	0.38417	0.47500	0.52925	0.58417	0.65083	0.71750	0.78417	0.85917
50	0.47500	0.52917	0.58333	0.65000	0.71667	0.78333	0.85833	0.94167
51	0.52833	0.58250	0.64917	0.71583	0.78250	0.85750	0.94083	1.02000
52	0.58167	0.64833	0.71500	0.78167	0.85667	0.94000	1.01917	1.10250
53	0.64750	0.71417	0.78083	0.85583	0.93917	1.01833	1.10167	1.16958
54	0.71333	0.78000	0.85500	0.93833	1.01750	1.10083	1.16875	1.29344
55	0.77917	0.85417	0.93750	1.01667	1.10000	1.16792	1.29260	1.37573
56	0.85333	0.93667	1.01583	1.09917	1.16708	1.29177	1.37490	1.45802
57	0.93583	1.01500	1.09833	1.16625	1.29094	1.37406	1.45719	1.58188
58	1.01417	1.09750	1.16542	1.29010	1.37323	1.45635	1.58104	1.70573
59	1.09667	1.16458	1.28927	1.37240	1.45552	1.58021	1.70490	1.78802
60	1.16375	1.28844	1.37156	1.45469	1.57938	1.70406	1.78719	1.91188
61	1.22613	1.36334	1.44167	1.56297	1.70019	1.78333	1.89167	2.01667

62	1.28850	1.43825	1.53326	1.67125	1.73333	1.88333	2.00000	2.09167
63	1.35088	1.51316	1.62485	1.67500	1.82500	1.98333	2.06667	2.29548
64	1.41325	1.58806	1.65000	1.80833	1.94581	2.02500	2.23295	2.49929
65	1.47563	1.60833	1.80000	1.91661	2.00000	2.16709	2.39923	2.70310
66	1.53800	1.68324	1.89159	1.97500	2.12081	2.30919	2.56551	2.90692
67	1.60038	1.75815	1.91667	2.08328	2.24163	2.45128	2.73179	3.11073
68	1.66275	1.83333	2.00826	2.19156	2.36244	2.59338	2.89807	3.31454
69	1.75000	1.91667	2.09985	2.29984	2.58333	2.83333	3.16667	3.51835
70	1.78750	2.03750	2.28750	2.53750	2.78750	3.12500	3.45000	3.95000
71	1.93133	2.20467	2.48083	2.76183	3.04783	3.42600	3.80617	4.33333
72	2.07517	2.37183	2.67417	2.98617	3.30817	3.72700	4.16233	4.83333
73	2.21900	2.53900	2.86750	3.21050	3.56850	4.02800	4.51850	5.29917
74	2.36283	2.70617	3.06083	3.43483	3.82883	4.32900	4.87467	5.76500
75	2.50667	2.87333	3.25417	3.65917	4.08917	4.63000	5.23083	6.27917

9	10	11+	Attained Age
0.03846	0.04005	0.04323	25
0.04106	0.04261	0.04572	26
0.04488	0.04655	0.04988	27
0.04811	0.04981	0.05320	28
0.05315	0.05511	0.05902	29
0.07083	0.07500	0.08333	30
0.07386	0.07773	0.08750	31
0.07659	0.08015	0.08750	32
0.08098	0.08538	0.09583	33
0.10083	0.10500	0.10833	34
0.10417	0.11250	0.11667	35
0.11167	0.12000	0.12500	36
0.11917	0.12750	0.13333	37
0.12667	0.13500	0.14167	38
0.13417	0.14250	0.15000	39
0.14167	0.15417	0.16667	40
0.15333	0.16583	0.17500	41
0.16500	0.17750	0.19167	42
0.17667	0.18917	0.20000	43
0.18833	0.19939	0.20833	44
0.19856	0.20962	0.23333	45
0.20879	0.21985	0.24167	46
0.22780	0.24045	0.26667	47
0.24833	0.26333	0.30000	48
0.27795	0.29568	0.34167	49
0.34167	0.39167	0.42500	50
0.39083	0.47500	0.51250	51
0.47500	0.52983	0.56667	52
0.52975	0.58917	0.61667	53
0.58833	0.65333	0.70000	54
0.65333	0.72083	0.75833	55
0.72000	0.78667	0.84167	56
0.78583	0.86083	0.91667	57
0.86000	0.94333	1.00000	58
0.94250	1.02167	1.08333	59
1.02083	1.10417	1.19167	60
1.10333	1.17125	1.27083	61
1.17042	1.29510	1.39167	62
1.29427	1.37740	1.50000	63
1.37656	1.45969	1.62500	64
1.45885	1.58354	1.70833	65
1.58271	1.70740	1.87500	66
1.70656	1.78969	2.01667	67
1.78885	1.91354	2.18333	68
1.91271	2.02493	2.36667	69
2.02409	2.15294	2.50000	70
2.12500	2.42639	2.58333	71

2.35926	2.69985	2.79167	72
2.59351	2.97331	3.04167	73
2.82777	3.24676	3.31250	74
3.06203	3.52022	3.54113	75
3.29629	3.79368	3.86199	76
3.53054	4.06713	4.20945	77
3.76480	4.34059	4.58684	78
3.99906	4.61404	4.99914	79
4.36667	4.88750	5.44583	80
4.87817	5.44583	6.08333	81
5.38967	6.00417	6.79167	82
5.90117	6.56250	7.50833	83
6.41267	7.12083	8.30000	84
6.92417	7.67917	8.30417	85
		8.72083	86
		9.96667	87
		10.80625	88
		11.63750	89
		12.05313	90
		12.46875	91
		12.88437	92
		13.71562	93
		14.54687	94
		15.37812	95
		16.62500	96
		19.95000	97
		20.78125	98
		21.61250	99
		22.44375	100

Female   Non-smok Band 1

Issue

Age	1	2	3	4	5	6	7	8
0	0.03121	0.02161	0.01441	0.00960	0.00880	0.00880	0.00880	0.01040
1	0.02078	0.01357	0.00877	0.00797	0.00797	0.00797	0.00957	0.01146
2	0.01274	0.00794	0.00714	0.00714	0.00866	0.00874	0.01063	0.01226
3	0.00710	0.00815	0.00761	0.00797	0.00936	0.01015	0.01121	0.01464
4	0.00735	0.00823	0.00809	0.00880	0.01005	0.01109	0.01380	0.01380
5	0.00759	0.00829	0.00857	0.00964	0.01075	0.01297	0.01297	0.01377
6	0.00783	0.00833	0.00904	0.01047	0.01214	0.01214	0.01294	0.01454
7	0.00808	0.00837	0.00952	0.01130	0.01130	0.01210	0.01371	0.01611
8	0.00832	0.00839	0.01047	0.01047	0.01127	0.01287	0.01527	0.02007
9	0.00856	0.00964	0.00964	0.01044	0.01204	0.01444	0.01924	0.02004
10	0.00880	0.00880	0.00960	0.01121	0.01361	0.01841	0.01921	0.02001
11	0.00876	0.00876	0.00956	0.01108	0.01333	0.01782	0.01879	0.01967
12	0.00871	0.00871	0.00952	0.01096	0.01305	0.01723	0.01837	0.01934
13	0.00866	0.00866	0.00947	0.01084	0.01277	0.01664	0.01795	0.01901
14	0.00862	0.00862	0.00943	0.01072	0.01250	0.01604	0.01753	0.01867
15	0.00857	0.00857	0.00939	0.01060	0.01222	0.01545	0.01710	0.01834
16	0.00852	0.00852	0.00934	0.01048	0.01194	0.01486	0.01668	0.01800
17	0.00847	0.00847	0.00930	0.01036	0.01167	0.01427	0.01626	0.01767
18	0.00843	0.00843	0.00925	0.01024	0.01139	0.01368	0.01584	0.01734
19	0.00838	0.00838	0.00921	0.01012	0.01111	0.01309	0.01542	0.01700
20	0.00833	0.00833	0.00917	0.01000	0.01083	0.01250	0.01500	0.01667
21	0.00833	0.00867	0.00975	0.01083	0.01192	0.01375	0.01683	0.01917
22	0.00833	0.00900	0.01033	0.01167	0.01300	0.01500	0.01867	0.02167
23	0.00833	0.00933	0.01092	0.01250	0.01408	0.01625	0.02050	0.02417
24	0.00833	0.00967	0.01150	0.01333	0.01517	0.01750	0.02233	0.02667
25	0.00833	0.01000	0.01208	0.01417	0.01625	0.01875	0.02417	0.02917
26	0.00833	0.01033	0.01267	0.01500	0.01733	0.02000	0.02600	0.03167
27	0.00833	0.01067	0.01325	0.01583	0.01842	0.02125	0.02783	0.03417
28	0.00833	0.01100	0.01383	0.01667	0.01950	0.02250	0.02967	0.03667
29	0.00833	0.01133	0.01442	0.01750	0.02058	0.02375	0.03150	0.03917
30	0.00833	0.01167	0.01500	0.01833	0.02167	0.02500	0.03333	0.04167
31	0.00934	0.01290	0.01654	0.02034	0.02422	0.02818	0.03784	0.04750
32	0.01035	0.01414	0.01808	0.02235	0.02678	0.03136	0.04235	0.05334
33	0.01136	0.01537	0.01962	0.02436	0.02933	0.03455	0.04686	0.05918
34	0.01236	0.01660	0.02117	0.02637	0.03189	0.03773	0.05137	0.05840
35	0.01337	0.01784	0.02271	0.02837	0.03444	0.04091	0.05588	0.06424
36	0.01438	0.01907	0.02425	0.03038	0.03700	0.04409	0.06039	0.07007
37	0.01539	0.02031	0.02579	0.03239	0.03955	0.04728	0.06490	0.07591
38	0.01639	0.02154	0.02733	0.03440	0.04211	0.05046	0.06941	0.08175
39	0.01740	0.02278	0.02887	0.03641	0.04466	0.05364	0.07392	0.08759
40	0.01841	0.02401	0.03041	0.03842	0.04722	0.05682	0.07843	0.10004
41	0.02129	0.02841	0.03617	0.04530	0.05530	0.06611	0.09196	0.11773
42	0.02417	0.03281	0.04194	0.05218	0.06339	0.07539	0.10548	0.13542
43	0.02705	0.03722	0.04770	0.05906	0.07147	0.08468	0.11901	0.15310
44	0.02993	0.04162	0.05346	0.06595	0.07955	0.09396	0.13254	0.17079
45	0.03281	0.04602	0.05922	0.07283	0.08764	0.10324	0.14606	0.18848
46	0.03570	0.05042	0.06499	0.07971	0.09572	0.11253	0.15959	0.20617

47	0.03858	0.05482	0.07075	0.08660	0.10380	0.12181	0.17311	0.22385
48	0.04146	0.05922	0.07651	0.09348	0.11189	0.13109	0.18664	0.24154
49	0.04434	0.06363	0.08227	0.10036	0.11997	0.14038	0.20016	0.25923
50	0.04722	0.06803	0.08804	0.10725	0.12805	0.14966	0.21369	0.27692
51	0.04850	0.07323	0.09604	0.11613	0.13846	0.16231	0.23714	0.31165
52	0.04978	0.07843	0.10404	0.12501	0.14886	0.17495	0.26059	0.34638
53	0.05106	0.08363	0.11205	0.13390	0.15927	0.18760	0.28404	0.38112
54	0.05234	0.08884	0.12005	0.14278	0.16967	0.20024	0.30749	0.41585
55	0.05362	0.09404	0.12805	0.15166	0.18008	0.21289	0.33094	0.45059
56	0.05490	0.09924	0.13606	0.16055	0.19048	0.22553	0.35439	0.48532
57	0.05618	0.10444	0.14406	0.16943	0.20088	0.23818	0.37784	0.52006
58	0.05746	0.10965	0.15206	0.17831	0.21129	0.25082	0.40129	0.55479
59	0.05874	0.11485	0.16007	0.18720	0.22169	0.26347	0.42474	0.58953
60	0.06003	0.12005	0.16807	0.19608	0.23210	0.27612	0.44819	0.62426
61	0.09902	0.15721	0.19167	0.22833	0.27500	0.34684	0.53503	0.73517
62	0.13802	0.18333	0.22778	0.26914	0.32346	0.41756	0.62188	0.84607
63	0.17702	0.22050	0.26389	0.30995	0.37191	0.48828	0.70873	0.95698
64	0.21602	0.25766	0.30000	0.35076	0.42037	0.55900	0.79558	1.06789
65	0.25501	0.29482	0.33611	0.39157	0.46883	0.62972	0.88243	1.17880
66	0.29401	0.33198	0.37222	0.43238	0.51729	0.70045	0.96927	1.28970
67	0.33083	0.36914	0.40832	0.47318	0.56574	0.77117	1.05612	1.40061
68	0.36750	0.40630	0.46250	0.51399	0.61420	0.84189	1.14297	1.51152
69	0.40500	0.45833	0.49333	0.55480	0.66266	0.91261	1.22982	1.62243
70	0.45000	0.49167	0.52917	0.60417	0.71667	0.98333	1.31667	1.73333
71	0.47333	0.52917	0.60000	0.71667	0.97333	1.23333	1.61667	2.09333
72	0.49667	0.56750	0.70750	0.86417	1.23000	1.47167	1.91667	2.45333
73	0.52000	0.60583	0.81500	1.01167	1.33333	1.71000	2.21667	2.81333
74	0.54333	0.62500	0.92250	1.15917	1.59000	2.08333	2.51667	3.17333
75	0.56667	0.68333	1.06667	1.34167	2.00000	2.17500	2.81667	3.53333

9	10	11+	Attained Age
0.01040	0.01040	0.01121	10
0.01209	0.01130	0.01201	11
0.01267	0.01275	0.01361	12
0.01325	0.01346	0.01361	13
0.01474	0.01567	0.01761	14
0.01475	0.01574	0.01841	15
0.01565	0.01675	0.02001	16
0.01726	0.01842	0.02081	17
0.02026	0.02040	0.02081	18
0.02043	0.02073	0.02161	19
0.02001	0.02081	0.02081	20
0.02009	0.02139	0.02161	21
0.02017	0.02198	0.02241	22
0.02026	0.02257	0.02401	23
0.02034	0.02315	0.02481	24
0.02042	0.02374	0.02561	25
0.02050	0.02432	0.02641	26
0.02059	0.02491	0.02881	27
0.02067	0.02550	0.03041	28
0.02075	0.02608	0.03281	29
0.02083	0.02667	0.03361	30
0.02350	0.02967	0.03682	31
0.02617	0.03267	0.03922	32
0.02883	0.03567	0.04242	33
0.03150	0.03867	0.04642	34
0.03417	0.04167	0.05122	35
0.03683	0.04467	0.05442	36
0.03950	0.04767	0.06003	37
0.04217	0.05067	0.06243	38
0.04483	0.05367	0.06563	39
0.04750	0.05667	0.06883	40
0.05492	0.06533	0.07283	41
0.06233	0.07399	0.07763	42
0.06975	0.08264	0.08324	43
0.06542	0.07245	0.08964	44
0.07284	0.08111	0.09764	45
0.08025	0.08977	0.10725	46
0.08767	0.09843	0.11925	47
0.09508	0.10709	0.13286	48
0.10250	0.11574	0.14726	49
0.12165	0.14326	0.16487	50
0.14358	0.16935	0.18328	51
0.16551	0.19544	0.20569	52
0.18744	0.22153	0.22970	53
0.20937	0.24762	0.25451	54
0.23130	0.27371	0.28172	55
0.25323	0.29981	0.31453	56

0.27515	0.32590	0.34975	57
0.29708	0.35199	0.38816	58
0.31901	0.37808	0.42738	59
0.34094	0.40417	0.46820	60
0.38608	0.46307	0.51301	61
0.43122	0.52198	0.56103	62
0.47636	0.58088	0.61226	63
0.52150	0.63979	0.66828	64
0.56664	0.69869	0.73070	65
0.61177	0.75760	0.79953	66
0.65691	0.81650	0.87637	67
0.70205	0.87540	0.96360	68
0.74719	0.93431	1.05964	69
0.79233	0.99321	1.16769	70
0.93643	1.17556	1.29334	71
1.08053	1.35790	1.43340	72
1.22463	1.54025	1.58706	73
1.36873	1.72259	1.75593	74
1.51283	1.90494	1.94561	75
1.65693	2.08729	2.15370	76
1.80103	2.26963	2.38499	77
1.94513	2.45198	2.64350	78
2.08923	2.63432	2.92522	79
2.23333	2.81667	3.37583	80
2.60667	3.22500	3.83417	81
2.98000	3.63333	4.36167	82
3.35333	4.04167	4.90250	83
3.72667	4.45000	5.51500	84
4.10000	4.85833	6.22083	85
		6.88250	86
		7.48283	87
		8.47638	88
		9.51821	89
		9.72075	90
		10.65975	91
		11.66100	92
		12.73725	93
		13.89750	94
		15.13425	95
		16.29750	96
		17.33925	97
		18.86550	98
		20.27250	99
		21.76350	100

Female   Non-Smok Band 2

Issue Age	1	2	3	4	5	6	7	8
0	0.03333	0.02500	0.01750	0.01417	0.01333	0.01333	0.01333	0.01500
1	0.02417	0.01667	0.01333	0.01250	0.01250	0.01410	0.01417	0.01577
2	0.01583	0.01250	0.01388	0.01325	0.01339	0.01501	0.01513	0.01693
3	0.01167	0.01314	0.01442	0.01404	0.01435	0.01584	0.01634	0.01808
4	0.01250	0.01377	0.01496	0.01465	0.01515	0.01667	0.01800	0.02042
5	0.01333	0.01441	0.01550	0.01529	0.01596	0.01792	0.02000	0.02167
6	0.01417	0.01504	0.01604	0.01629	0.01783	0.01958	0.02083	0.02250
7	0.01500	0.01568	0.01658	0.01775	0.01917	0.02000	0.02167	0.02417
8	0.01583	0.01631	0.01767	0.01875	0.01917	0.02083	0.02333	0.02833
9	0.01667	0.01758	0.01833	0.01833	0.02000	0.02250	0.02750	0.02958
10	0.01750	0.01750	0.01750	0.01917	0.02167	0.02667	0.02875	0.03083
11	0.01908	0.02015	0.02122	0.02229	0.02336	0.02442	0.02549	0.02656
12	0.02051	0.02190	0.02329	0.02469	0.02608	0.02747	0.02887	0.03026
13	0.02179	0.02307	0.02434	0.02562	0.02690	0.02817	0.02945	0.03073
14	0.02295	0.02412	0.02529	0.02646	0.02763	0.02880	0.02998	0.03115
15	0.02398	0.02506	0.02614	0.02722	0.02829	0.02937	0.03045	0.03152
16	0.02492	0.02591	0.02690	0.02790	0.02889	0.02988	0.03087	0.03186
17	0.02601	0.02713	0.02825	0.02937	0.03049	0.03161	0.03273	0.03385
18	0.02716	0.02833	0.02949	0.03066	0.03183	0.03300	0.03416	0.03533
19	0.02836	0.02965	0.03093	0.03222	0.03350	0.03479	0.03607	0.03736
20	0.03333	0.03417	0.03500	0.03583	0.03667	0.03750	0.04083	0.04333
21	0.03333	0.03417	0.03500	0.03583	0.03667	0.04000	0.04250	0.04500
22	0.03333	0.03417	0.03500	0.03583	0.03917	0.04167	0.04417	0.04667
23	0.03333	0.03417	0.03500	0.03833	0.04083	0.04333	0.04583	0.05167
24	0.03333	0.03417	0.03750	0.04000	0.04250	0.04500	0.05083	0.05500
25	0.03333	0.03667	0.03917	0.04167	0.04417	0.05000	0.05417	0.05667
26	0.03583	0.03833	0.04083	0.04333	0.04917	0.05333	0.05583	0.06000
27	0.03750	0.04000	0.04250	0.04833	0.05250	0.05500	0.05917	0.06083
28	0.03917	0.04167	0.04750	0.05167	0.05417	0.05833	0.06000	0.06250
29	0.04083	0.04667	0.05083	0.05333	0.05750	0.05917	0.06167	0.06417
30	0.04583	0.05000	0.05250	0.05667	0.05833	0.06083	0.06333	0.07167
31	0.04917	0.05167	0.05583	0.05750	0.06000	0.06250	0.07083	0.07917
32	0.05083	0.05500	0.05667	0.05917	0.06167	0.07000	0.07833	0.08667
33	0.05417	0.05583	0.05833	0.06083	0.06917	0.07750	0.08583	0.08667
34	0.05500	0.05750	0.06000	0.06833	0.07667	0.08500	0.08667	0.08833
35	0.05667	0.05917	0.06750	0.07583	0.08417	0.08583	0.08750	0.09833
36	0.05833	0.06667	0.07500	0.08333	0.08500	0.08667	0.09750	0.10167
37	0.06583	0.07417	0.08250	0.08333	0.08583	0.09667	0.10083	0.10917
38	0.07333	0.07458	0.07583	0.08500	0.09583	0.10000	0.10833	0.11667
39	0.07333	0.07500	0.08417	0.09083	0.09917	0.10750	0.11583	0.12417
40	0.07333	0.08167	0.09000	0.09833	0.10667	0.11500	0.12333	0.13167
41	0.07342	0.08225	0.09392	0.10558	0.11417	0.11833	0.12750	0.14333
42	0.07350	0.08283	0.09783	0.10750	0.11750	0.12500	0.14083	0.15833
43	0.07358	0.08342	0.10175	0.11000	0.11917	0.13892	0.15808	0.17892
44	0.07367	0.08400	0.10567	0.11333	0.12975	0.15283	0.17533	0.19950
45	0.07375	0.08458	0.10958	0.11667	0.14033	0.16675	0.19258	0.22008
46	0.07383	0.08517	0.11350	0.12392	0.15092	0.18067	0.20983	0.24067

47	0.07392	0.08575	0.11742	0.12250	0.16150	0.19458	0.22708	0.26125
48	0.07400	0.08633	0.12133	0.12975	0.17208	0.20850	0.24433	0.28183
49	0.07408	0.08692	0.12525	0.13700	0.18267	0.22242	0.26158	0.30242
50	0.07417	0.08750	0.12917	0.17083	0.21250	0.25417	0.29583	0.33750
51	0.07425	0.09042	0.13458	0.17875	0.22292	0.26708	0.32125	0.37542
52	0.07433	0.09333	0.14000	0.18667	0.23333	0.28000	0.34667	0.41333
53	0.07442	0.09625	0.14542	0.19458	0.24375	0.29292	0.37208	0.45125
54	0.07450	0.09917	0.15083	0.20250	0.25417	0.30583	0.39750	0.48917
55	0.07458	0.10208	0.15625	0.21042	0.26458	0.31875	0.42292	0.52708
56	0.07467	0.10500	0.16167	0.21833	0.27500	0.33167	0.44833	0.56500
57	0.07475	0.10792	0.16708	0.22625	0.28542	0.34458	0.47375	0.60292
58	0.07483	0.11083	0.17250	0.23417	0.29583	0.35750	0.49917	0.64083
59	0.07492	0.11375	0.17792	0.24208	0.30625	0.37042	0.52458	0.67875
60	0.07500	0.11667	0.18333	0.25000	0.31667	0.38333	0.55000	0.71667
61	0.11667	0.16167	0.22458	0.29292	0.36417	0.45083	0.63417	0.82583
62	0.16167	0.20667	0.26583	0.33583	0.41167	0.51833	0.71833	0.93500
63	0.20667	0.25167	0.30708	0.37875	0.45917	0.58583	0.80250	1.04417
64	0.25167	0.29667	0.34833	0.42167	0.50667	0.65333	0.88667	1.15333
65	0.29667	0.34167	0.38958	0.46458	0.55417	0.72083	0.97083	1.26250
66	0.34167	0.38667	0.43250	0.50750	0.60167	0.78833	1.05500	1.37167
67	0.38667	0.43167	0.48333	0.55042	0.64917	0.85583	1.13917	1.48083
68	0.43167	0.47667	0.54167	0.59333	0.69667	0.92333	1.22333	1.59000
69	0.47667	0.53333	0.56750	0.63625	0.74417	0.99083	1.30750	1.69917
70	0.52500	0.56667	0.59583	0.67917	0.79167	1.05833	1.39167	1.80833
71	0.56667	0.59583	0.67917	0.77500	1.05833	1.37500	1.61333	2.11333
72	0.58333	0.67500	0.76667	1.05000	1.36667	1.60833	1.98333	2.41833
73	0.66667	0.76667	1.04167	1.35833	1.62500	1.91667	2.19167	2.72333
74	0.76667	1.03333	1.35000	1.61667	1.88333	2.17167	2.41333	3.02833
75	1.02500	1.34167	1.50000	1.75000	2.08333	2.33333	2.50000	3.33333

9	10	11+	Attained Age
0.01500	0.01500	0.01583	10
0.01658	0.01661	0.01667	11
0.01817	0.01822	0.01833	12
0.02067	0.02250	0.02250	13
0.02208	0.02417	0.02667	14
0.02333	0.02583	0.02750	15
0.02500	0.02639	0.02917	16
0.02917	0.02944	0.03000	17
0.02983	0.02989	0.03000	18
0.03075	0.03078	0.03083	19
0.03083	0.03083	0.03083	20
0.02763	0.02870	0.03083	21
0.03165	0.03305	0.03583	22
0.03200	0.03328	0.03583	23
0.03232	0.03349	0.03583	24
0.03260	0.03368	0.03583	25
0.03286	0.03385	0.03583	26
0.03497	0.03609	0.03833	27
0.03650	0.03767	0.04000	28
0.03864	0.03993	0.04250	29
0.04583	0.04833	0.05167	30
0.04750	0.05333	0.05500	31
0.05250	0.05667	0.05750	32
0.05583	0.05833	0.06083	33
0.05750	0.06167	0.06500	34
0.06083	0.06250	0.07000	35
0.06167	0.06417	0.07333	36
0.06333	0.06583	0.07917	37
0.06500	0.07333	0.08500	38
0.07250	0.08083	0.09083	39
0.08000	0.08833	0.09667	40
0.08750	0.09167	0.10083	41
0.08750	0.09000	0.10583	42
0.08917	0.10000	0.11167	43
0.09917	0.10333	0.11833	44
0.10250	0.11083	0.12667	45
0.11000	0.11833	0.13667	46
0.11750	0.12583	0.14917	47
0.12500	0.13333	0.16333	48
0.13250	0.14583	0.16750	49
0.14500	0.15833	0.17167	50
0.15833	0.18167	0.19083	51
0.18175	0.20583	0.21417	52
0.20517	0.22022	0.23917	53
0.22858	0.24772	0.26500	54
0.25200	0.27522	0.29333	55
0.27542	0.30272	0.32750	56

0.29883	0.33022	0.36417	57
0.32225	0.35772	0.40417	58
0.34567	0.38522	0.44500	59
0.37917	0.43333	0.48750	60
0.42958	0.49500	0.53417	61
0.48000	0.55667	0.58417	62
0.53042	0.61833	0.63750	63
0.58083	0.68000	0.69583	64
0.63125	0.74167	0.76083	65
0.68167	0.80333	0.83250	66
0.73208	0.86500	0.91250	67
0.78250	0.92667	1.00333	68
0.83292	0.98833	1.10333	69
0.88333	1.05000	1.21583	70
1.02583	1.22917	1.34667	71
1.16833	1.40833	1.49250	72
1.31083	1.58750	1.65250	73
1.45333	1.76667	1.82833	74
1.59583	1.94583	2.02583	75
1.73833	2.12500	2.24250	76
1.88083	2.30417	2.48333	77
2.02333	2.48333	2.75250	78
2.16583	2.66250	3.04583	79
2.30833	2.84167	3.37583	80
2.63000	3.15667	3.83417	81
2.95167	3.47167	4.36167	82
3.27333	3.78667	4.90250	83
3.59500	4.10167	5.51500	84
3.91667	4.41667	6.22083	85
		6.88250	86
		7.48283	87
		8.47638	88
		9.51821	89
		9.72075	90
		10.65975	91
		11.66100	92
		12.73725	93
		13.89750	94
		15.13425	95
		16.29750	96
		17.33925	97
		18.86550	98
		20.27250	99
		21.76350	100

Male **Smoker** **Band 1**

Issue

Age	1	2	3	4	5	6	7	8
15	0.05500	0.07083	0.07375	0.07250	0.07625	0.07500	0.07750	0.08083
16	0.07083	0.07458	0.07333	0.07708	0.07583	0.07833	0.08167	0.08500
17	0.07542	0.07417	0.07625	0.07667	0.07917	0.08250	0.08583	0.08833
18	0.07500	0.07542	0.07750	0.08000	0.08333	0.08667	0.08917	0.09500
19	0.07458	0.07833	0.08083	0.08417	0.08750	0.09000	0.09583	0.10500
20	0.07917	0.08167	0.08500	0.08833	0.09083	0.09667	0.10583	0.11500
21	0.07875	0.08267	0.08692	0.09075	0.09425	0.10033	0.10942	0.12017
22	0.07833	0.08367	0.08883	0.09317	0.09767	0.10400	0.11300	0.11876
23	0.07792	0.08467	0.09075	0.09558	0.10108	0.10767	0.11658	0.12392
24	0.07750	0.08567	0.09267	0.09800	0.10450	0.11133	0.12017	0.12909
25	0.07708	0.08667	0.09458	0.10042	0.10792	0.11500	0.12375	0.13426
26	0.07667	0.08767	0.09650	0.10283	0.11133	0.11867	0.12733	0.13942
27	0.07625	0.08867	0.09842	0.10525	0.11475	0.12233	0.13092	0.14459
28	0.07583	0.08967	0.10033	0.10767	0.11817	0.12600	0.13450	0.14976
29	0.07542	0.09067	0.10225	0.11008	0.12158	0.12967	0.13808	0.15492
30	0.07500	0.09167	0.10417	0.11250	0.12500	0.13333	0.14167	0.16667
31	0.09083	0.10333	0.11167	0.12417	0.13250	0.14083	0.16583	0.17833
32	0.10250	0.11083	0.12333	0.13167	0.14000	0.16500	0.17750	0.19417
33	0.11000	0.12250	0.13083	0.13917	0.16417	0.17667	0.19333	0.21417
34	0.12167	0.13000	0.13833	0.16333	0.17583	0.19250	0.21333	0.23417
35	0.12917	0.13750	0.16250	0.17500	0.19167	0.21250	0.23333	0.25417
36	0.13667	0.16167	0.17417	0.19083	0.21167	0.23250	0.25333	0.27417
37	0.16083	0.17333	0.19000	0.21083	0.23167	0.25250	0.27333	0.31500
38	0.17250	0.18917	0.21000	0.23083	0.25167	0.27250	0.31417	0.35583
39	0.18833	0.20917	0.23000	0.25083	0.27167	0.31333	0.35500	0.37583
40	0.20833	0.22917	0.25000	0.27083	0.31250	0.35417	0.37500	0.39583
41	0.22833	0.24917	0.27000	0.31167	0.35333	0.37417	0.39500	0.41871
42	0.24833	0.26917	0.31083	0.35250	0.37333	0.39856	0.42379	0.47344
43	0.26833	0.31000	0.35167	0.37250	0.39773	0.42508	0.45242	0.47977
44	0.30917	0.35083	0.37167	0.39689	0.42424	0.45311	0.48197	0.51083
45	0.35000	0.37083	0.39606	0.42341	0.45227	0.48356	0.51485	0.56582
46	0.37000	0.39523	0.42258	0.45144	0.54500	0.58076	0.61652	0.63451
47	0.39439	0.42174	0.45061	0.54417	0.60833	0.64877	0.68920	0.72963
48	0.42091	0.44977	0.54333	0.60833	0.66875	0.71215	0.75555	0.79896
49	0.44894	0.54250	0.60833	0.66833	0.74250	0.80917	0.87583	0.92313
50	0.54167	0.60833	0.66667	0.74167	0.80833	0.87500	0.94167	0.96667
51	0.60750	0.66583	0.74083	0.80750	0.87417	0.94083	0.96583	0.99083
52	0.66500	0.74000	0.80667	0.87333	0.94000	0.96500	0.99000	1.02333
53	0.73917	0.80583	0.87250	0.93917	0.96417	0.98917	1.02250	1.16667
54	0.80500	0.87167	0.93833	0.96333	0.98833	1.02167	1.15833	1.33333
55	0.87083	0.93750	0.96250	0.98750	1.02083	1.15000	1.33333	1.58333
56	0.93667	0.96167	0.98667	1.02000	1.15000	1.50333	1.58333	1.62500
57	0.96083	0.98583	1.01917	1.08333	1.50250	1.66917	1.83583	1.91667
58	0.98500	1.01833	1.16667	1.50167	1.66833	1.83500	2.00167	2.08500
59	1.01750	1.31667	1.50083	1.66750	1.83417	2.00083	2.08417	2.16750
60	1.33333	1.50000	1.66667	1.83333	2.00000	2.08333	2.16667	2.25000
61	1.49917	1.66583	1.83250	1.99917	2.08250	2.16583	2.24917	2.33250

62	1.66500	1.83167	1.99833	2.08167	2.16500	2.24833	2.33167	2.45667
63	1.83083	1.99750	2.08083	2.16417	2.24750	2.33083	2.45583	2.92250
64	1.99667	2.08000	2.16333	2.24667	2.33000	2.45500	2.92167	3.25500
65	2.07917	2.16250	2.24583	2.32917	2.45417	2.92083	3.25417	3.58750
66	2.16167	2.24500	2.32833	2.45333	2.92000	3.25333	3.58667	3.92000
67	2.24417	2.32750	2.45250	2.91917	3.25250	3.58583	3.91917	4.25250
68	2.32667	2.45167	2.91833	3.25167	3.58500	3.91833	4.25167	4.58500
69	2.45083	2.91750	3.25083	3.58417	3.91750	4.25083	4.58417	4.91750
70	2.91667	3.25000	3.58333	3.91667	4.25000	4.58333	4.91667	5.25000
71	3.01017	3.36517	3.78333	4.13333	4.63333	4.91667	5.16667	5.58333
72	3.10367	3.48033	3.98333	4.35000	4.91667	5.16667	5.57500	6.16667
73	3.19717	3.59550	4.18333	4.56667	5.16667	5.81667	6.16667	7.00000
74	3.29067	3.71067	4.38333	4.78333	5.55000	6.16667	6.91667	7.41667
75	3.38417	3.82583	4.58333	5.00000	6.16667	6.83333	7.91667	8.25000

9	10	11+	Attained Age
0.08417	0.08667	0.09750	25
0.08750	0.09333	0.10583	26
0.09417	0.10333	0.11500	27
0.10417	0.11333	0.12083	28
0.11417	0.12250	0.12667	29
0.12333	0.13333	0.14167	30
0.12892	0.13958	0.14167	31
0.12452	0.13027	0.14167	32
0.13010	0.13665	0.15000	33
0.13568	0.14227	0.15000	34
0.14127	0.14865	0.15833	35
0.14685	0.15465	0.16250	36
0.15243	0.16090	0.17917	37
0.15802	0.16715	0.19167	38
0.16360	0.17340	0.20000	39
0.17917	0.19583	0.20833	40
0.19500	0.21583	0.23333	41
0.21500	0.23583	0.26667	42
0.23500	0.25583	0.30000	43
0.25500	0.27583	0.34500	44
0.27500	0.31667	0.37417	45
0.31583	0.35750	0.39917	46
0.35667	0.37750	0.42667	47
0.37667	0.39750	0.43417	48
0.39667	0.41750	0.44500	49
0.41667	0.43750	0.46417	50
0.44242	0.46614	0.48917	51
0.49959	0.52482	0.52583	52
0.50712	0.53447	0.56917	53
0.53970	0.56856	0.62667	54
0.61057	0.64186	0.69417	55
0.70153	0.73728	0.76333	56
0.77007	0.81050	0.83917	57
0.84236	0.88576	0.89833	58
0.96833	0.96917	0.96917	59
0.99167	1.02500	1.05667	60
1.02417	1.07500	1.16667	61
1.20833	1.26614	1.30083	62
1.41667	1.18333	1.45167	63
1.58333	1.59167	1.60750	64
1.66667	1.74773	1.76250	65
1.70833	1.87500	1.91417	66
2.00000	2.01667	2.06500	67
2.16667	2.20833	2.22750	68
2.25083	2.33417	2.39000	69
2.33333	2.45833	2.58917	70
2.45750	2.75000	2.80667	71

2.92333	3.08333	3.10333	72
3.25583	3.37500	3.40083	73
3.58833	3.66667	3.70000	74
3.92083	4.00000	4.04583	75
4.25333	4.33333	4.41083	76
4.58583	4.66667	4.83083	77
4.91833	5.25167	5.31667	78
5.25083	5.58417	5.87000	79
5.58333	6.00000	6.45917	80
6.16667	7.08333	7.12167	81
7.08333	7.66667	7.78833	82
7.50000	8.33333	8.48583	83
8.32500	9.08333	9.24333	84
9.08333	10.00000	10.13833	85
		11.12167	86
		12.18250	87
		13.30250	88
		14.46667	89
		15.66083	90
		16.74250	91
		17.85500	92
		19.01333	93
		20.22083	94
		21.56417	95
		22.74083	96
		23.97000	97
		25.24917	98
		26.57500	99
		27.94333	100

Male   **Smoker**   **Band 2**

Issue

Age	1	2	3	4	5	6	7	8	9	10	11+
15	0.05417	0.05837	0.06258	0.06678	0.07099	0.07519	0.07940	0.08360	0.08781	0.09201	0.10043
16	0.06917	0.07279	0.07641	0.08003	0.08365	0.08728	0.09090	0.09452	0.09814	0.10176	0.10901
17	0.08333	0.08653	0.08972	0.09291	0.09610	0.09930	0.10249	0.10568	0.10887	0.11207	0.11845
18	0.09000	0.09313	0.09627	0.09940	0.10253	0.10566	0.10880	0.11193	0.11506	0.11819	0.12446
19	0.09662	0.09970	0.10278	0.10585	0.10893	0.11201	0.11550	0.12492	0.13000	0.13000	0.13047
20	0.09830	0.10074	0.10401	0.10727	0.10971	0.11542	0.12439	0.13336	0.14152	0.14333	0.14592
21	0.09913	0.10158	0.10484	0.10810	0.11055	0.11626	0.12522	0.13419	0.14235	0.14500	0.14592
22	0.09996	0.10241	0.10567	0.10893	0.11138	0.11709	0.12606	0.13503	0.14318	0.14583	0.14592
23	0.10080	0.10324	0.10651	0.10977	0.11221	0.11792	0.12689	0.13586	0.14402	0.14592	0.15450
24	0.10246	0.10491	0.10817	0.11143	0.11388	0.11959	0.12856	0.13753	0.14450	0.15417	0.15450
25	0.10413	0.10658	0.10984	0.11310	0.11555	0.12126	0.13350	0.14433	0.15375	0.15433	0.16308
26	0.10580	0.10824	0.11151	0.11477	0.11721	0.13342	0.14417	0.15333	0.15350	0.15917	0.16738
27	0.10746	0.10991	0.11317	0.11643	0.13333	0.14408	0.15292	0.15308	0.15600	0.16583	0.18454
28	0.10913	0.11158	0.11525	0.13250	0.14392	0.15250	0.15267	0.15575	0.16500	0.18825	0.19742
29	0.11080	0.11508	0.13167	0.14375	0.15208	0.15225	0.15558	0.16417	0.18817	0.19075	0.20600
30	0.11505	0.13136	0.14359	0.15175	0.15333	0.15547	0.16362	0.18808	0.20032	0.20750	0.21458
31	0.13053	0.14276	0.15091	0.15250	0.15463	0.16279	0.18725	0.19948	0.20667	0.23174	0.24033
32	0.14193	0.15008	0.15167	0.15380	0.16195	0.18642	0.19865	0.20583	0.23091	0.25333	0.27467
33	0.14925	0.15083	0.15297	0.16112	0.18558	0.19782	0.20500	0.23007	0.25250	0.27492	0.30900
34	0.15000	0.15213	0.16029	0.18475	0.19698	0.20417	0.22924	0.25166	0.27409	0.29651	0.35535
35	0.15130	0.15945	0.18392	0.19615	0.20333	0.22841	0.25083	0.27325	0.29568	0.34053	0.38539
36	0.15862	0.18308	0.19532	0.20250	0.22757	0.25000	0.27242	0.29484	0.33969	0.38454	0.41114
37	0.18225	0.19448	0.20167	0.22674	0.24916	0.27159	0.29401	0.33886	0.38371	0.40613	0.43947
38	0.19365	0.20083	0.22591	0.24833	0.27075	0.29318	0.33803	0.38287	0.40530	0.42772	0.44719

Attained Age
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Male **Non-Smok Band 1**

Issue

Age	1	2	3	4	5	6	7	8
0	0.05833	0.03721	0.02375	0.01504	0.01029	0.01029	0.01108	0.01108
1	0.02850	0.02100	0.01350	0.00975	0.00975	0.00975	0.01062	0.01062
2	0.01913	0.01275	0.00921	0.00921	0.00921	0.00921	0.01015	0.01015
3	0.01067	0.00800	0.00800	0.00867	0.00867	0.00867	0.00968	0.00968
4	0.00750	0.00750	0.00750	0.00813	0.00813	0.00813	0.00922	0.00922
5	0.00700	0.00700	0.00700	0.00758	0.00758	0.00758	0.00875	0.01000
6	0.00760	0.00760	0.00760	0.00813	0.00813	0.00813	0.01040	0.01300
7	0.00820	0.00820	0.00820	0.00867	0.00867	0.01067	0.01350	0.01620
8	0.00880	0.00880	0.00880	0.00921	0.01063	0.01346	0.01610	0.02380
9	0.00940	0.00940	0.00940	0.01125	0.01350	0.01800	0.02465	0.03698
10	0.01000	0.01000	0.01167	0.01425	0.01900	0.02613	0.03900	0.04575
11	0.01000	0.01167	0.01417	0.01840	0.02560	0.04240	0.04293	0.04523
12	0.01083	0.01333	0.01917	0.02506	0.04284	0.05173	0.05092	0.05170
13	0.01250	0.01833	0.02500	0.04328	0.04500	0.04583	0.04800	0.04800
14	0.01750	0.02417	0.04417	0.04783	0.04792	0.04792	0.04800	0.04800
15	0.02417	0.04417	0.04783	0.04792	0.04792	0.04800	0.04800	0.04808
16	0.04284	0.04783	0.04792	0.04792	0.04800	0.04800	0.04917	0.05000
17	0.04935	0.05483	0.05483	0.05483	0.05483	0.05483	0.05492	0.05500
18	0.05233	0.05233	0.05233	0.05233	0.05233	0.05233	0.05384	0.05536
19	0.04840	0.04840	0.04840	0.04840	0.04840	0.04840	0.05060	0.05280
20	0.04392	0.04392	0.04392	0.04392	0.04392	0.04463	0.04746	0.05100
21	0.04013	0.04013	0.04013	0.04013	0.04085	0.04157	0.04587	0.05017
22	0.03698	0.03698	0.03698	0.03770	0.03915	0.03915	0.04495	0.05075
23	0.03373	0.03373	0.03447	0.03593	0.03740	0.03813	0.04473	0.05207
24	0.02967	0.03041	0.03338	0.03486	0.03708	0.03783	0.04598	0.05340
25	0.02400	0.02775	0.03225	0.03525	0.03675	0.03825	0.04725	0.05625
26	0.02225	0.02670	0.03115	0.03560	0.03634	0.03783	0.04747	0.05850
27	0.02053	0.02640	0.03080	0.03520	0.03740	0.03813	0.04840	0.06075
28	0.02030	0.02610	0.03118	0.03480	0.03698	0.03915	0.05075	0.06450
29	0.01935	0.02508	0.03082	0.03440	0.03870	0.04013	0.05232	0.06750
30	0.01842	0.02479	0.02975	0.03471	0.03896	0.04321	0.05525	0.07125
31	0.01729	0.02352	0.02905	0.03389	0.03873	0.04410	0.05808	0.07417
32	0.01620	0.02160	0.02768	0.03240	0.03780	0.04358	0.05950	0.07700
33	0.01580	0.02238	0.02765	0.03292	0.03818	0.04510	0.06233	0.08048
34	0.01668	0.02182	0.02823	0.03337	0.03914	0.04658	0.06658	0.08528
35	0.01750	0.02250	0.02813	0.03375	0.03875	0.04733	0.07013	0.08996
36	0.01890	0.02491	0.03090	0.03685	0.04333	0.05168	0.07592	0.09760
37	0.02175	0.02742	0.03448	0.04076	0.04675	0.05548	0.08193	0.10626
38	0.02480	0.03234	0.03978	0.04560	0.05175	0.06246	0.08893	0.11371
39	0.02888	0.03764	0.04545	0.05233	0.05938	0.07140	0.09779	0.12219
40	0.03238	0.04333	0.05150	0.05865	0.06833	0.08250	0.10862	0.13418
41	0.03088	0.04275	0.05225	0.06175	0.07283	0.08867	0.11479	0.14171
42	0.03246	0.04671	0.05858	0.06967	0.08154	0.09658	0.12508	0.15358
43	0.03483	0.04908	0.06254	0.07442	0.08708	0.10213	0.13379	0.16467
44	0.03642	0.05225	0.06571	0.07838	0.09104	0.10767	0.14329	0.17892
45	0.04038	0.05621	0.06888	0.08154	0.09658	0.11400	0.15517	0.19713
46	0.04070	0.05717	0.07238	0.08676	0.10433	0.12666	0.17396	0.22126

47	0.04630	0.06122	0.07677	0.09373	0.11468	0.13880	0.19237	0.24675
48	0.05222	0.06704	0.08458	0.10333	0.12527	0.15119	0.21035	0.26951
49	0.05678	0.07476	0.09427	0.11485	0.13861	0.16550	0.23204	0.29774
50	0.06413	0.08453	0.10506	0.12835	0.15140	0.18012	0.25503	0.32993
51	0.07107	0.09478	0.11776	0.14110	0.16510	0.19565	0.28083	0.36601
52	0.07713	0.10502	0.13129	0.15725	0.18137	0.21041	0.30927	0.40814
53	0.07973	0.11266	0.14223	0.17255	0.19936	0.23029	0.34375	0.45805
54	0.08233	0.12114	0.15570	0.18700	0.21484	0.25196	0.38175	0.51070
55	0.08493	0.12961	0.16830	0.19975	0.23205	0.27795	0.42330	0.56950
56	0.08720	0.13792	0.17935	0.21590	0.25415	0.31110	0.47175	0.63240
57	0.09030	0.14364	0.19125	0.23545	0.28305	0.34935	0.52445	0.70040
58	0.09595	0.15275	0.20485	0.25755	0.31875	0.39440	0.58565	0.77605
59	0.10411	0.16267	0.22185	0.28475	0.35700	0.44115	0.64855	0.85595
60	0.11560	0.17595	0.24140	0.31450	0.39695	0.48705	0.71655	0.94605
61	0.11983	0.17925	0.24794	0.32940	0.42234	0.52124	0.77797	1.03236
62	0.12426	0.18286	0.25536	0.34406	0.44665	0.55404	0.84981	1.13876
63	0.12103	0.18630	0.26741	0.36482	0.47430	0.59092	0.92747	1.25214
64	0.11463	0.18845	0.27805	0.38402	0.50388	0.63217	1.00979	1.37133
65	0.10508	0.18725	0.28625	0.40467	0.53479	0.67800	1.10042	1.50000
66	0.10835	0.21359	0.32427	0.45360	0.60272	0.75758	1.22015	1.66080
67	0.11725	0.24420	0.36703	0.50908	0.68078	0.84717	1.35627	1.84560
68	0.13770	0.27801	0.41535	0.57132	0.75313	0.95015	1.51367	2.05920
69	0.15755	0.31758	0.47071	0.64050	0.79729	1.07082	1.69726	2.30720
70	0.17967	0.36188	0.53200	0.71825	0.84150	1.19858	1.89280	2.57520
71	0.23820	0.41837	0.61022	0.77285	1.00280	1.31280	2.10894	2.89656
72	0.31573	0.48322	0.69930	0.92338	1.16795	1.41135	2.31852	3.22424
73	0.38000	0.60683	0.83563	1.06925	1.30640	1.51737	2.54595	3.58062
74	0.46085	0.68821	0.93940	1.20668	1.47000	1.67145	2.83000	4.00260
75	0.55733	0.75083	1.04175	1.37671	1.63833	1.94583	3.23032	4.53985

9	10	11+	Attained Age
0.01108	0.01188	0.01188	10
0.01073	0.01163	0.01318	11
0.01038	0.01138	0.01365	12
0.01003	0.01261	0.01632	13
0.01176	0.01523	0.01813	14
0.01333	0.01771	0.02479	15
0.01640	0.02408	0.03613	16
0.02380	0.03613	0.04250	17
0.03655	0.04250	0.04675	18
0.04473	0.04746	0.04958	19
0.04635	0.04726	0.04817	20
0.04702	0.04658	0.04817	21
0.05060	0.04750	0.04817	22
0.04808	0.04808	0.04817	23
0.04808	0.04808	0.04817	24
0.04808	0.04817	0.04817	25
0.05083	0.05092	0.05100	26
0.05508	0.05517	0.05525	27
0.05637	0.05655	0.05667	28
0.05510	0.05662	0.05808	29
0.05383	0.05738	0.06021	30
0.05447	0.05877	0.06307	31
0.05583	0.06163	0.06743	32
0.05867	0.06600	0.07260	33
0.06156	0.06898	0.07713	34
0.06450	0.07350	0.08250	35
0.06825	0.07875	0.08948	36
0.07125	0.08250	0.09507	37
0.07650	0.08850	0.10385	38
0.08025	0.09300	0.11045	39
0.08475	0.09750	0.11638	40
0.08826	0.10161	0.12350	41
0.09167	0.10707	0.13221	42
0.09643	0.11310	0.13795	43
0.10248	0.12040	0.14314	44
0.10908	0.12892	0.14875	45
0.11990	0.14138	0.16313	46
0.13038	0.15427	0.17874	47
0.13740	0.16153	0.18655	48
0.14695	0.17050	0.19608	49
0.15840	0.18288	0.20900	50
0.16783	0.19475	0.22088	51
0.18208	0.21058	0.23908	52
0.19633	0.22721	0.25888	53
0.21533	0.25096	0.28658	54
0.23829	0.28025	0.32142	55
0.26776	0.31506	0.36160	56

0.30032	0.35470	0.40659	57
0.32949	0.38865	0.44508	58
0.36427	0.42997	0.49253	59
0.40568	0.48059	0.55550	60
0.45118	0.53636	0.62031	61
0.50700	0.60587	0.70195	62
0.57150	0.68580	0.79453	63
0.64049	0.76944	0.90100	64
0.71485	0.86105	1.00640	65
0.79305	0.95370	1.11435	66
0.87550	1.05145	1.22655	67
0.96730	1.15770	1.34895	68
1.06250	1.26990	1.47730	69
1.17470	1.40420	1.63370	70
1.28436	1.53720	1.77500	71
1.42511	1.71063	2.00417	72
1.57194	1.89092	2.24667	73
1.72368	2.07684	2.45000	74
1.88880	2.27680	2.66560	75
2.09200	2.52240	2.95360	76
2.32560	2.80640	3.28720	77
2.59920	3.13840	3.67760	78
2.91440	3.52080	4.12800	79
3.25680	3.93920	4.62080	80
3.68821	4.48228	5.23719	81
4.13725	5.05755	5.94908	82
4.62841	5.68764	6.73249	83
5.19430	6.40341	7.61685	84
5.87529	7.23493	8.61963	85
		9.57163	86
		10.61550	87
		11.73812	88
		12.92725	89
		14.85092	90
		16.08475	91
		17.38092	92
		18.75683	93
		20.22075	94
		21.76167	95
		23.16233	96
		24.64275	97
		26.20200	98
		27.84008	99
		29.55517	100

Male   **Non-Smok Band 2**

Issue

Age	1	2	3	4	5	6	7	8
0	0.05583	0.03167	0.02500	0.01917	0.01417	0.01417	0.01500	0.01500
1	0.03083	0.02417	0.01833	0.01333	0.01342	0.01417	0.01417	0.01617
2	0.02333	0.01750	0.01667	0.01406	0.01443	0.01527	0.01550	0.01760
3	0.01667	0.01750	0.01679	0.01480	0.01536	0.01638	0.01690	0.02000
4	0.01677	0.01750	0.01690	0.01691	0.01627	0.01744	0.02000	0.02083
5	0.01688	0.01760	0.01702	0.01833	0.01898	0.01967	0.02083	0.02333
6	0.01698	0.01771	0.01714	0.01917	0.01950	0.02083	0.02250	0.03325
7	0.01708	0.01781	0.01726	0.02000	0.02000	0.02167	0.03308	0.04333
8	0.01719	0.01792	0.01750	0.01917	0.02083	0.03292	0.04333	0.05167
9	0.01729	0.01833	0.01833	0.02000	0.03250	0.04333	0.05083	0.05833
10	0.01750	0.01750	0.01917	0.03167	0.04333	0.05000	0.05750	0.06667
11	0.01750	0.01833	0.03083	0.04250	0.04917	0.05667	0.06583	0.07000
12	0.01750	0.03000	0.04167	0.04833	0.05583	0.06500	0.06917	0.06917
13	0.02917	0.04083	0.04750	0.05500	0.06417	0.06833	0.06750	0.06833
14	0.04000	0.04667	0.05417	0.06333	0.06750	0.06667	0.06750	0.06750
15	0.04583	0.05333	0.06250	0.06667	0.06583	0.06667	0.06667	0.06667
16	0.05250	0.06167	0.06583	0.06500	0.06583	0.06583	0.06583	0.06583
17	0.06083	0.06500	0.06417	0.06500	0.06500	0.06500	0.06500	0.06500
18	0.06417	0.06333	0.06417	0.06417	0.06417	0.06417	0.06417	0.06417
19	0.06250	0.06333	0.06333	0.06333	0.06333	0.06333	0.06333	0.06583
20	0.06250	0.06250	0.06250	0.06250	0.06250	0.06250	0.06500	0.06667
21	0.06167	0.06167	0.06167	0.06167	0.06167	0.06417	0.06583	0.06583
22	0.06083	0.06083	0.06083	0.06083	0.06333	0.06500	0.06500	0.06625
23	0.06000	0.06000	0.06000	0.06250	0.06417	0.06417	0.06542	0.06667
24	0.05917	0.05917	0.06167	0.06333	0.06333	0.06458	0.06667	0.06917
25	0.05833	0.06083	0.06250	0.06250	0.06375	0.06583	0.06833	0.06917
26	0.06000	0.06167	0.06167	0.06292	0.06500	0.06667	0.06917	0.07500
27	0.06083	0.06083	0.06250	0.06583	0.06667	0.06833	0.07500	0.07833
28	0.06000	0.06167	0.06583	0.06667	0.06833	0.07500	0.07833	0.08167
29	0.06083	0.07417	0.07667	0.08417	0.08583	0.08858	0.09167	0.09667
30	0.07333	0.07583	0.08333	0.08500	0.08833	0.09083	0.09583	0.10167
31	0.07500	0.08250	0.08417	0.08750	0.09000	0.09500	0.10083	0.10750
32	0.08167	0.08333	0.08667	0.08917	0.09417	0.10000	0.10667	0.11333
33	0.08250	0.08583	0.08833	0.09333	0.09917	0.10583	0.11250	0.11846
34	0.08500	0.08750	0.09250	0.09833	0.10500	0.11167	0.11763	0.12792
35	0.08667	0.09167	0.09750	0.10417	0.11083	0.11679	0.12708	0.13500
36	0.09083	0.09667	0.10333	0.11000	0.11596	0.12625	0.13417	0.14129
37	0.09583	0.10250	0.10917	0.11513	0.12542	0.13333	0.14046	0.15075
38	0.10167	0.10833	0.11429	0.12458	0.13250	0.13963	0.14992	0.16417
39	0.10750	0.11346	0.12375	0.13167	0.13879	0.14908	0.16333	0.18946
40	0.11263	0.12292	0.13083	0.13796	0.14825	0.16250	0.18863	0.21475
41	0.11428	0.12771	0.13900	0.14958	0.16301	0.18000	0.20768	0.23536
42	0.11593	0.13250	0.14717	0.16120	0.17777	0.19750	0.22673	0.25597
43	0.11759	0.13729	0.15533	0.17282	0.19253	0.21500	0.24579	0.27658
44	0.11924	0.14208	0.16350	0.18444	0.20728	0.23250	0.26484	0.29718
45	0.12090	0.14688	0.17167	0.19606	0.22204	0.25000	0.28390	0.31779
46	0.12255	0.15167	0.17983	0.20768	0.23680	0.26750	0.30295	0.33840

47	0.12420	0.15646	0.18800	0.21930	0.25156	0.28500	0.32200	0.35901
48	0.12586	0.16125	0.19617	0.23093	0.26632	0.30250	0.34106	0.37962
49	0.12751	0.16604	0.20433	0.24255	0.28108	0.32000	0.36011	0.40023
50	0.12917	0.17083	0.21250	0.25417	0.29583	0.33750	0.37917	0.42083
51	0.13500	0.18500	0.23500	0.28500	0.33500	0.37500	0.41917	0.46167
52	0.14083	0.19917	0.25750	0.31583	0.37417	0.41667	0.45417	0.47083
53	0.14667	0.21333	0.28000	0.34667	0.41333	0.44583	0.46250	0.53500
54	0.15250	0.22750	0.30250	0.37750	0.43750	0.45417	0.51833	0.59917
55	0.15833	0.24167	0.32500	0.40833	0.44583	0.50167	0.57417	0.66333
56	0.16417	0.25583	0.34750	0.43917	0.48500	0.54917	0.63000	0.72750
57	0.17000	0.27000	0.37000	0.47000	0.52417	0.59667	0.68583	0.79167
58	0.17583	0.28417	0.39250	0.50083	0.56333	0.64417	0.74167	0.85583
59	0.18167	0.29833	0.41500	0.53167	0.60250	0.69167	0.81667	0.94583
60	0.18750	0.31250	0.43750	0.56250	0.68750	0.81250	0.93750	1.06250
61	0.20042	0.32375	0.47583	0.62792	0.78000	0.93208	1.05833	1.17917
62	0.21333	0.33500	0.51417	0.69333	0.87250	1.05167	1.17500	1.33750
63	0.22625	0.34625	0.55250	0.75875	0.96500	1.17125	1.32167	1.49833
64	0.23917	0.35750	0.59083	0.82417	1.05750	1.29083	1.46833	1.58333
65	0.25208	0.36875	0.62917	0.88958	1.10000	1.37500	1.50833	1.75000
66	0.26500	0.38000	0.66750	0.95500	1.19250	1.49458	1.65500	1.92375
67	0.27792	0.39125	0.70583	1.02042	1.28500	1.61417	1.80167	2.09750
68	0.29083	0.40250	0.74417	1.08583	1.37750	1.73375	1.94833	2.27125
69	0.30375	0.41375	0.78250	1.15125	1.47000	1.85333	2.09500	2.44500
70	0.31667	0.42500	0.82083	1.21667	1.61250	2.00833	2.40417	2.80000
71	0.33667	0.52000	0.94133	1.37167	1.79000	2.27333	2.65833	3.08833
72	0.35667	0.61500	1.06183	1.52667	1.96750	2.53833	2.91250	3.37667
73	0.37667	0.71000	1.18233	1.68167	2.14500	2.80333	3.16667	3.66500
74	0.39667	0.80500	1.30283	1.83667	2.32250	3.06833	3.42083	3.95333
75	0.41667	0.90000	1.42333	1.99167	2.50000	3.33333	3.67500	4.24167

			Attained
9	10	11+	Age
0.01500	0.01583	0.01583	10
0.01650	0.01700	0.01750	11
0.01778	0.01806	0.01833	12
0.02021	0.02052	0.02083	13
0.02146	0.02240	0.02333	14
0.02542	0.02854	0.03167	15
0.03598	0.04007	0.04417	16
0.04542	0.04854	0.05167	17
0.05333	0.05583	0.05833	18
0.06000	0.06250	0.06500	19
0.07083	0.07083	0.07083	20
0.07000	0.07000	0.07083	21
0.06917	0.06917	0.07083	22
0.06833	0.06833	0.07083	23
0.06750	0.06750	0.07083	24
0.06667	0.06667	0.07083	25
0.06583	0.06583	0.07083	26
0.06500	0.06750	0.07083	27
0.06667	0.06833	0.07083	28
0.06750	0.06750	0.07083	29
0.06667	0.06667	0.07083	30
0.06708	0.06896	0.07083	31
0.06740	0.06911	0.07083	32
0.07117	0.07125	0.07125	33
0.07000	0.07500	0.07521	34
0.07500	0.07833	0.07917	35
0.07833	0.08250	0.08313	36
0.08167	0.08308	0.08313	37
0.08250	0.08250	0.09500	38
0.09922	0.10305	0.10688	39
0.10833	0.11500	0.12083	40
0.11417	0.12013	0.12750	41
0.11929	0.12958	0.13583	42
0.12875	0.13667	0.14500	43
0.13583	0.14296	0.15667	44
0.14213	0.15242	0.17083	45
0.15158	0.16583	0.18500	46
0.16500	0.17479	0.20000	47
0.17396	0.18865	0.20333	48
0.19376	0.20021	0.20667	49
0.24008	0.26621	0.21083	50
0.23174	0.22631	0.22088	51
0.25175	0.24541	0.23908	52
0.27215	0.26551	0.25888	53
0.29453	0.29056	0.28658	54
0.31870	0.32006	0.32142	55
0.34326	0.35055	0.35783	56

0.36550	0.37226	0.39821	57
0.38774	0.39397	0.43146	58
0.40998	0.41568	0.47263	59
0.46250	0.48333	0.52250	60
0.47917	0.57042	0.58346	61
0.55167	0.65750	0.66025	62
0.62417	0.74458	0.74733	63
0.69667	0.83167	0.83917	64
0.76917	0.91875	0.93733	65
0.84167	1.00583	1.03788	66
0.91417	1.09292	1.14238	67
0.98667	1.18000	1.25638	68
1.05917	1.26708	1.37592	69
1.18750	1.35417	1.52158	70
1.34583	1.50000	1.68625	71
1.50000	1.66667	1.90396	72
1.62500	1.91458	2.13433	73
1.82583	2.12500	2.37500	74
2.01667	2.29167	2.63783	75
2.21750	2.58333	2.92283	76
2.41833	2.83125	3.25296	77
2.61917	3.16667	3.63929	78
2.82000	3.58333	4.08500	79
3.19583	3.83333	4.57267	80
3.51000	4.19167	5.12921	81
3.82417	4.55000	5.70871	82
4.13833	4.90833	6.33254	83
4.45250	5.26667	7.02525	84
4.76667	5.62500	7.79871	85
		8.66004	86
		9.60450	87
		10.62021	88
		11.69608	89
		12.82579	90
		13.89138	91
		15.01079	92
		16.19908	93
		17.46338	94
		18.79417	95
		20.00383	96
		21.28237	97
		22.62900	98
		24.04371	99
		25.52492	100

ARKANSAS INSURANCE DEPARTMENT
LEGAL DIVISION
1200 West Third Street
Little Rock, AR 72201-1904
501-371-2820
FAX 501-371-2629

Bulletin 11-83   September 2, 1983

GUIDELINES FOR NON-GUARANTEED COSTS ON
PARTICIPATING AND NON-PARTICIPATING
LIFE INSURANCE

This Bulletin shall apply to all participating and non-participating life insurance policy forms wherein the premium, cash value, or amount of insurance may be changed unilaterally by the insurance company dependent upon its experience under either mortality, expenses, interest, or combination of the above.

Guideline One. All advertising and solicitation materials referring to such policies shall be carefully reviewed to assure that the risk factor both positive and negative is clearly presented.

Guideline Two. All advertising and solicitation materials and oral presentation must give, to the "maximum cost analysis," prominence at least equal to that given to any "projected cost analysis."

Guideline Three. Any cost analysis or comparison utilizing projected costs shall prominently cite the non-guaranteed nature of such projections and provide similar comparison utilizing guaranteed costs.

Guideline Four. All reserves and guaranteed nonforfeiture values shall be based upon guaranteed costs.

Guideline Five. All such policies must contain guaranteed maximum cost, minimum nonforfeiture values, and minimum amounts of insurance based upon such guaranteed maximum costs.

Guideline Six. The procedure whereby the policyholder is charged less than the guaranteed maximum cost of insurance or is granted a higher accumulation rate than the guaranteed minimum accumulation rate is in effect an abatement of premium. Under Ark. Stat. Ann. § 66-3005(8)(B)(i) such abatement is permissible only if such abatement shall be fair and equitable for policyholders and for the best interests of the company and its policyholders. To assure compliance with these principles, the company must consent to file such abatements with justification before implementation. A consent form is attached hereto as Exhibit A.

Guideline Seven. The filing of any form subject to these guidelines should be accompanied by certification of an officer of the company that these guidelines have been reviewed and that the form complies with these guidelines.

Replacement: This Bulletin is intended to and does replace and expand upon previous Bulletin 4-80 dated August 1, 1980.

                                        Linda N. Garner
                                        INSURANCE COMMISSIONER

BULLETIN 11-83

EXHIBIT A (REVISED)

CONSENT TO SUBMIT RATES AND/OR
COST BASES FOR APPROVAL

The <u>Shelter Life Ins</u> ("Company") of <u>Columbia, MO</u> does hereby
      (Company Name)   (City and State)
consent and agree

    A) that all premium rates and/or cost bases both "maximum" and "current or projected," used in relation to policy form number <u>L-705.15</u> must be filed with the Insurance Commissioner for the State of Arkansas ("Commissioner") at least sixty (60) days prior to their proposed effective date. Such rates and/or cost bases shall be deemed effective sixty (60) days after they are filed with the Commissioner, unless the Commissioner shall approve or disapprove such rates and/or cost bases prior to the expiration of sixty (60) days.

    or

    B) that where the policy is a flexible or indeterminate premium whole life policy which provides for frequent changes in interest rates based on financial market conditions, the company may file a range of rates it will stay within and will notify the Department at least sixty (60) days prior to any change in the range of rates. The company must also document the method used to calculate its premium and range of rates.

<div align="right">

Shelt<u>er Life Insurance</u> Company
(Company Name)

By   _____
(Name)

<u>Senior Life Actuary</u>
(Title or Position)

</div>

2

SERFF Tracking Number:	*SHLI-125746643*	*State:*	*Arkansas*
Filing Company:	*Shelter Life Insurance Company*	*State Tracking Number:*	*39737*
Company Tracking Number:	*03L10408*		
TOI:	*L09I Individual Life - Flexible Premium Adjustable Life*	*Sub-TOI:*	*L09I.001 Single Life*
Product Name:	*Universal Life Policy*		
Project Name/Number:	*UL/10408*		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Universal Life Insurance Policy	07/24/2008	L-705.9.pdf
No original date	Form	Policy Schedules	07/24/2008	L-705.9 Policy Schedule.pdf
No original date	Form	Policy Schedules	07/24/2008	L-705.9 Policy Schedule .pdf

SHELTER LIFE INSURANCE COMPANY
A STOCK COMPANY

1817 WEST BROADWAY   COLUMBIA, MO   65218-0001

Shelter Life Insurance Company will pay the Death Benefit to the **Beneficiary** upon receipt of due proof that the **Insured's** death occurred during any **Policy Year**. Payment will be made only if this policy is in force on the date of the **Insured's** death.

This policy terminates at the **Maturity Date**. Premiums are payable to the **Maturity Date** or until the death of the **Insured** as described in the policy. If the **Insured** is living on the **Maturity Date,** the Cash Surrender Value, if any, will be paid out.

The amount of premium required to carry the policy to the **Maturity Date** is not guaranteed.

20 Day Free Examination Period. Please examine Your policy. Within 20 days after delivery, You can return it to Us, or any Agent of The Company with a written request to cancel and You will receive a full refund of Premiums. If We do not refund Your Premium within 30 days from the date of cancellation, We will pay interest from the date of cancellation to the date of payment at the rate of interest specified in the insurance laws of Your state.

This policy is signed at **Our Home Office** in Columbia, Missouri.

Secretary   *President and CEO*

FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY TO AGE 100
NON-PARTICIPATING

POLICY INDEX

POLICY RIDERS

The Policy **Riders**, if any, listed on the Policy Schedule are described in the **Rider** agreements that follow page 15.

DEFINITIONS - The terms below will have the following definitions when bold and capitalized.

Age: The age of the **Insured** on his or her last birthday.

Beneficiary(ies): The person(s) who is (are) named in the application or by later designation to receive the Death Benefit of this policy.

Coverage Options: Coverage Option A provides a Death Benefit equal to the **Specified Amount** at the time of death. **Coverage Option** B provides a Death Benefit equal to the **Specified Amount** plus the Policy Account Value at the time of death. However, both **Coverage Options** provide for an increased Death Benefit, if necessary to maintain this policy as a life insurance policy for purposes of the Internal Revenue Code. Details on the Death Benefit calculations are shown in the Death Benefit section of this policy.

Evidence of Insurability: Information about an **Insured** which is used to approve or reinstate this policy or any **Rider(s).**

Home Office: 1817 West Broadway, Columbia, Missouri 65218-0001.

Insured: The person whose life is insured under this policy as shown on the Policy Schedule.

Loan: Any outstanding amount borrowed from this policy.

Maturity Date: The **Policy Anniversary** following the Insured's 100th birthday. The policy terminates on the **Maturity Date.**

Monthly Anniversary Day: The same day in each month as the Policy Date or the last day of the month for those months not having such a day.

Monthly Deduction: The amount we deduct each month from the Policy Account Value. It is made up of the Cost of Insurance, the cost of any additional benefits provided by **Rider**, and the Monthly Expense Charges.

Policy Anniversary: The same month and day as the Policy Date for each succeeding year this policy remains in force.

Policy Month: A one month period of time starting on successive **Monthly Anniversary Days**, with the first **Policy Month** starting on the Policy Date.

Policy Year: A one year period of time starting on successive **Policy Anniversaries**, with the first **Policy Year** starting on the Policy Date.

Rate Class: The mortality or morbidity classifications assigned to the **Insured** under this Policy as specified by the Premium Class and the Risk Class.

Rider: An attachment to this policy that provides additional benefits.

Specified Amount: The amount is shown on the Schedule Page(s). It is used to determine the amount of Death Benefit.

Surrender Factor: The amount shown in the Policy Schedule used to determine Surrender Charges.

We, Our, Us, The Company: Shelter Life Insurance Company.

You, Your: The Owner of this policy.

OWNERSHIP; ASSIGNMENT

Owner - The **Insured** will be the Owner unless otherwise stated. As **Owner**, **You** may exercise all policy rights, except for proceeds which are to be paid to the **Beneficiary**. **Your** rights will be subject to the rights of an assignee or irrevocable **Beneficiary**. If **You** die before the **Insured**, **Your** estate will become the Owner unless otherwise provided. If the Owner is a partnership, the rights belong to the partnership as it exists when a right is exercised.

Successor Owner - **You** may designate a Successor Owner. This must be made by written notice to **Us**. When **You** die, the Successor Owner becomes the new Owner. If no Successor Owner survives **You**, **Your** estate becomes the new Owner.

Change of Ownership - The ownership change must be made while the **Insured** is living by filing at **Our Home Office** written notice satisfactory to **Us**. The change will take effect on the date the requested change is approved and recorded by **Us**. **We** will not be liable for payment made or action taken prior to approval and recording of the requested change.

Assignment - Assignment of this policy will be binding on **Us** only after a copy of the assignment is received at the **Home Office**. **We** are not responsible for the validity of any assignment. If the assignment is absolute, all rights of the Owner and any revocable **Beneficiary** are transferred to the assignee. If the assignment is collateral, such rights are transferred only to the extent of the assignee's interest.

DEATH BENEFIT

The Death Benefit of this policy depends upon the **Specified Amount** and the **Coverage Option** in effect on the date of death of the **Insured.** The **Coverage Option** currently in effect is shown on the Policy Schedule.

Coverage Option A: Under **Coverage Option** A, the Death Benefit is the greater of:
1. The **Specified Amount** on the **Monthly Anniversary Day** next preceding or coinciding with the date of death; or
2. The Policy Account Value on the **Monthly Anniversary Day** next preceding the date of death, without regard to the Monthly Deduction for the **Policy Month** of death, multiplied by the risk percentage from the table below for the correct **Age** of the **Insured** on such **Monthly Anniversary Day.**

Coverage Option B: Under **Coverage Option** B, the Death Benefit is the greater of:
1. The Policy Account Value on the **Monthly Anniversary Day** on or next preceding the date of death, without regard to the **Monthly Deduction** for the **Policy Month** of death, plus the **Specified Amount** on such **Monthly Anniversary Day**; or
2. The Policy Account Value on the **Monthly Anniversary Day** on or next preceding the date of death, without regard to the **Monthly Deduction** for the **Policy Month** of death, multiplied by the risk percentage from the table below for the correct **Age** of the **Insured** on such **Monthly Anniversary Day.**

The Death Benefit will be increased by any net premiums received after the **Monthly Anniversary Day** next preceding or coinciding with the date of death and by interest on such net premiums to the date of death.

The Death Benefit will be reduced by any **Loan** and Loan Interest as of the date of death.

TABLE OF RISK PERCENTAGES

Age	Percentages
0-40	250%
41	243%
42	236%
43	229%
44	222%
45	215%
46	209%
47	203%
48	197%
49	191%
50	185%
51	178%
52	171%
53	164%
54	157%
55	150%
56	146%
57	142%
58	138%
59	134%
60	130%
61	128%
62	126%
63	124%
64	122%
65	120%
66	119%
67	118%
68	117%
69	116%
70	115%
71	113%
72	111%
73	109%
74	107%
75-90	105%
91	104%
92	103%
93	102%
94	101%
95-100	100%

PAYMENTS OF BENEFITS

Succession in Interest of Beneficiaries - Unless otherwise stated in this policy, including any settlement agreement or in a **Beneficiary** designation in effect under this policy, the following provisions apply:

1. A **Beneficiary** is either a primary **Beneficiary** or a contingent **Beneficiary**. If no primary **Beneficiary** survives the **Insured**, then any proceeds are payable to the contingent **Beneficiary**.
2. The interest of any surviving primary **Beneficiary** in any proceeds payable is paramount to and exclusive of the interest of any contingent **Beneficiary**.
3. All **Beneficiaries** in the same class will share equally.
4. Proceeds will be paid to the **Beneficiaries** living at the time of the **Insured's** death.
5. Any proceeds payable after the death of all designated **Beneficiaries** will be paid to: (a) the Owner; or (b) the successors, transferees or estate of the Owner. However, the withdrawal value of any remaining guaranteed payments due or to become due will be paid in one sum to the estate of the person or persons then receiving such payments.

We may rely on the affidavit of the **Insured's** executor or estate administrator to determine the identity or nonexistence of **Beneficiaries** identified by class and not by name.

Claims Against Beneficiaries - To the extent allowed by law, no payment of proceeds or interest will be subject to: (a) claims of a **Beneficiary's** creditors; or (b) legal process against a **Beneficiary**.

Change of Beneficiary - **You** may change the **Beneficiary** by submitting a written request to **Us**. The change of **Beneficiary** request will not be effective until approved and recorded by **Us** at **Our Home Office**. Once approved and recorded, the change will be effective as of the date **You** signed the request, whether or not **You** are alive or the **Insured** is alive when **We** record the change. However, the change will be subject to any payments made or other actions taken by **Us** before **Your** request was approved and recorded at **Our Home Office**.

THE CONTRACT

Consideration; Entire Contract - This policy is issued in consideration of: (a) the attached application; and (b) the payment of premiums. This policy and the application are the entire contract between the Owner and **Us**. Statements made in the application are considered representations and not warranties, except in the case of fraud. No statement will void this policy or be used as a defense to claim unless made in the application.

Modification of Policy - No agent has authority to change this policy or waive any of its provisions. Only an officer of **The Company** may make or modify this policy.

Policy Date - Policy months, years and anniversaries are measured from the policy date, as shown on the Policy Schedule.

Effective Date - This policy will be effective as soon as it has been accepted by the Owner and the first premium has been paid during the lifetime and continued insurability of the proposed **Insured**. If the first premium is paid in exchange for a conditional coverage receipt on the date of the application, then this policy will be effective as stated on the receipt.

Payments by Us - Any amount payable by **Us** will be made at **Our Home Office** in Columbia, Missouri. **We** may require surrender of the policy.

Incontestability - This policy will not be contestable after it has been in force during the **Insured's** lifetime for two years from the policy date, except for non-payment of premium.

Suicide - If the **Insured** commits suicide, while sane or insane, within two years from the Policy date, the amount payable by **Us** will be limited to the premium paid.

Modified Endowment Contract – Certain policies may be or become Modified Endowment Contracts (MECs) under Section 7702A of the Internal Revenue Code of 1986. **We** will notify **You** if **Your** policy becomes a MEC. If **Your** policy is or becomes a MEC and is later exchanged into another policy, **You** may have adverse income tax consequences. Shelter Life Insurance Company and its representatives do not provide tax advice. Please consult your tax advisor to determine any tax implications.

Reduction in Rate Class - **You** may request that **We** reduce the **Rate Class** assigned to the **Insured**. **We** will allow a reduction in **Rate Class** if **We** receive satisfactory evidence that the **Insured** qualifies. Any evidence **We** may require must be provided by a medical examiner approved by **Us**. A new policy will not be issued; however, a new Policy Schedule will be provided to **You**.

Age; Sex - If the **Insured** dies while this policy is in force and the **Age** or Sex of the **Insured** as shown on the Policy Schedule is not correct, the Death Benefit otherwise payable will be adjusted. The adjustment will be based on the amount of pure insurance that the Cost of Insurance portion of the Monthly Deduction made on the **Monthly Anniversary Day** next preceding or coincident with the date of the **Insured's** death would have provided at the correct **Age** and Sex.

If, while this policy is in force and the **Insured** is alive, it is determined that the **Age** or Sex of the **Insured** as shown on the Policy Schedule is not correct, a corrected Policy Schedule will be sent to **You**. All future Cost of Insurance calculations will be based on the correct **Age** and Sex.

Termination of Coverage - Coverage under this policy terminates when any of the following events occur:
1. **You** request that coverage terminate;
2. the **Insured** dies
3. this policy reaches the **Maturity Date;**
4. the Grace Period ends without the payment of the Premium specified in the Grace Period and Policy Lapse provision; or
5. when the outstanding **Loan** equals or exceeds the Net Loan Value.

Annual Report - Each year, within 90 days of the Policy Anniversary, **We** will send **You** a report about this policy: The report will show no less than the following information:
1. The Policy Account Value at the beginning and end of the reporting period.
2. The Cash Value and Cash Surrender Value as of the end of the reporting period.
3. All Premiums that have been paid since the date of the last report.
4. All interest credited to the Policy Account Value.
5. All Cost of Insurance charges deducted from the Policy Account Value.
6. All Expense Charges deducted from the Policy Account Value.
7. Any Partial Surrenders that have been made since the date of the last report.
8. The total of all **Loans** against the policy as of the end of the reporting period.
9. The Death Benefit and the **Specified Amount** at the end of the reporting period.
10. A special notification in the event the Policy Account Value, together with interest at the Guaranteed Rate and deductions for Cost of Insurance and Expense Charges, will cause this policy to Lapse prior to the time the next annual report is sent to **You.**

We will send **You** a report at any other time **You** request for a reasonable charge as determined by **Us.**

Nonparticipating - This policy will not participate in any of **Our** profits, losses or surplus earnings.

<div align="center">

PREMIUMS

</div>

Payment - The first premium, shown in the Policy Schedule, is due on the Policy Date. All premiums after the first are payable: (a) at **Our Home Office**; or (b) to one of **Our** Agents. Upon request, **We** will give **You** a receipt signed by **Our** Secretary. Payment of premiums is subject to **Our** current minimum premium requirements and permitted methods of payment.

Planned Premium Payment - The Planned Premium Payment is shown on the Policy Schedule. You may change the amount and frequency of such payments. However, each payment must be in amounts of $25.00 or more. The minimum premium for the first policy year is shown on the Policy Schedule as the Target Premium. We reserve the right to limit the amount of any increase in the Planned Premium Payment.

Additional Premiums - Additional, unplanned premium payments may be made at any time before the **Maturity Date.** We reserve the right to limit the number and amount of Additional Premiums paid**.**

Limitation on Total Premiums -We may refuse acceptance of a premium or refund any premium already accepted so that this policy will continue to qualify as life insurance under the Internal Revenue Code of 1986 as amended.

Grace Period - Under the following conditions this policy will lapse. A Grace Period of 61 days will be allowed for payment of additional premium, during which time this policy will continue in force.
1. If the total amount of premium received by the beginning of any of the first 12 policy months is less than one twelfth of the minimum premium for the first policy year multiplied by the number of elapsed policy months plus one. If a premium sufficient to rectify the above condition is not received by the end of the grace period, this policy will terminate without value.
2. If the Policy Account Value, less any **Loan** on any **Monthly Anniversary Day,** becomes less than zero as a result of the **Monthly Deduction**. A premium must be received in such amount that the net premium is at least as large as the amount by which the Policy Account Value, less any **Loan**, is less than zero. If adequate premium is not paid by the end of the Grace Period, this policy will terminate without value.
3. If the **Insured** dies during the Grace Period, the premium described in 1 or 2 above which remains unpaid on the date of death will be deducted from the benefit otherwise payable.

At least 30 days prior to termination of coverage, we will send a notice of such termination to **You**.

Reinstatement - If the Grace Period expires without sufficient premiums having been paid, this policy may be reinstated within 5 years after the expiration of the Grace Period and prior to the **Maturity Date**. The request for Reinstatement must be made in writing. Reinstatement is subject to:
1. receipt by us of satisfactory **Evidence of Insurability** of the **Insured;**
2. payment of a premium sufficient to provide for the next 2 **Monthly Deductions**, as described in the Policy Values section;
3. reinstatement of a zero Cash Value and a zero **Loan** balance, just prior to the payment of the premium in 2 above; and
4. surrender factors used in the determination of Cash Values after Reinstatements shall be for the elapsed time from the effective date of the initial specified amount (or increase in specified amount) to the date of determination, less the period of time from the beginning of the grace period to the date of reinstatement.

This policy cannot be reinstated if it has been surrendered for its Cash Surrender Value.

If this Policy is reinstated, the time period for the Incontestability provision will begin again at the time of Reinstatement. Our only basis for contesting a reinstated policy beyond the policy's original contestable period is for material misstatements made in the Reinstatement Application.

GUARANTEED VALUES

Computation of Reserves - The Commissioners 2001 Standard Ordinary Smoker or Non-Smoker Mortality Table is used to establish reserves.

A detailed statement of the methods of calculations has been filed with the insurance supervisory official of the jurisdiction in which this policy was delivered.

POLICY VALUES

Policy Account Value - On each **Monthly Anniversary Day**, the Policy Account Value is equal to:
$A + B + C - D - E$

On any day other than a **Monthly Anniversary Day**, the Policy Account Value is equal to:
$A + B + C - D$

"A" is the Policy Account Value on the preceding **Monthly Anniversary Day** (or the policy date for determinations during the first policy month).

"B" is the total of all Net Premiums received since the preceding **Monthly Anniversary Day.**

"C" is interest on "A" from the preceding **Monthly Anniversary Day**; plus interest on each Net Premium in "B" from the date of receipt of each premium at the **Our Home Office**; less interest on each partial surrender in "D" from the date of each partial surrender.

"D" is the totals of all partial surrenders made since the preceding **Monthly Anniversary Day.**

"E" is the **Monthly Deduction** for the month beginning on that **Monthly Anniversary Day.**

The Policy Account Value on the **Policy Date** is equal to the initial Net Premium paid for this policy, less the **Monthly Deduction** for the first **Policy Month**. However, an adjustment to this value will be made if the initial Net Premium is paid after the Policy Date. This will be done so that the correct amount of interest will be credited which reflects the period of time since we received the initial premium at **Our Home Office**.

Net Premium - For each premium actually paid under this policy, a Net Premium is calculated. Each Net Premium is no less than 92% of the corresponding premium paid.

Interest Rate - Interest will be credited to the Policy Account Value at an effective annual rate shown on the Policy Schedule. We may use interest rates greater than this. That portion of the Policy Account Value which equals the amount of any outstanding policy **Loans** will be credited with the effective annual rate shown on the Policy Schedule and will not be eligible for any greater rate of interest. The portion of the Policy Account Value for a given policy **Loan** will be ineligible for interest greater than the effective annual rate shown on the Policy Schedule will be the most recently credited amounts in "B" and "C", above, after the deductions in "D" and "E" have been made.

The amounts in "D" and "E" will reduce the portion of the Policy Account Value represented by the most recently credited amounts in "B" and "C".

Monthly Deduction - The **Monthly Deduction** for a **Policy Month** is equal to:
1. The Cost of Insurance for the basic coverage on the **Insured**, plus
2. The cost of any additional **Riders**, plus
3. The Monthly Expense Charge shown on the Policy Schedule.

The cost of additional **Riders** is as indicated on the Policy Schedule.

Cost of Insurance - The Cost of Insurance for a **Policy Month** for the initial **Specified Amount** or any increase in **Specified Amount** is equal to Q x (R-S):

"Q" is the monthly Cost of Insurance Rate from the Cost of Insurance Schedule applicable at the beginning of the most recent **Policy Year**. The Cost of Insurance Rate changes each **Policy Anniversary** based on the **Insured's:**
1. Sex;
2. **Age** at the most recent **Policy Anniversary;**
3. **Rate Class** shown on the Schedule Page for the initial **Specified Amount** or any increase in **Specified Amount; and**
4. Number of years since the **Specified Amount** became effective.

"R" is the Death Benefit on the **Monthly Anniversary Day** beginning the **Policy Month**, divided by 1.002871.

"S" is the Policy Account Value on the **Monthly Anniversary Day** beginning the **Policy Month**, computed by omitting the **Monthly Deduction** for such **Policy Month**.

If the **Coverage Option** shown on Policy Schedule is Option A and there have been increases in the **Specified Amount**, the Policy Account Value included in "S" above, will be allocated between or among the initial **Specified Amount** provided under the original application and subsequent increases. In calculating the Cost of Insurance, the Policy Account Value will be applied, to the extent possible, to the **Specified Amount** provided under the original application, with any excess applied to any increases, in the order in which they were made.

Cost of Insurance Schedules are determined by **Us** and may change at any time. No annualized Cost of Insurance Rate in any applicable Schedule will exceed the corresponding rate shown in the Table of Guaranteed Annual Cost of Insurance Rates on the Schedule Page.

Cash Value - The Cash Value of this policy is equal to the Policy Account Value less a Surrender Charge, but in no case less than the minimum cash value required by the state in which this policy was delivered. A statement of the method of determining such minimum cash value is on file with the insurance supervisory official in the state where this policy was delivered**.**

<center>**SURRENDER**</center>

Cash Surrender Value - The Cash Surrender Value of this policy is:
1.   the Cash Value at the time of Surrender; plus
2.   any Cost of Insurance deducted for the period beyond the date of Surrender; less
3.   any **Loan** and Loan Interest.

Full Surrender- You may Surrender this Policy for its Cash Surrender Value at any time. The Surrender Charge for the initial Specified Amount is found by multiplying the appropriate Surrender Percentage times the sum of:
1.   the **Surrender Factor** for the initial **Specified Amount**; and
2. $100.00`

The Surrender Charge for each increase in **Specified Amount** is found by multiplying the appropriate Surrender Percentage times the **Surrender Factor** for each increase in **Specified Amount**.

With respect to the initial **Specified Amount**, the Surrender Charge expires 10 years after the **Policy Date**. With respect to increases in **Specified Amount**, the Surrender Charge expires when each increase has been in force for 10 years.

The **Surrender Factor** for the initial **Specified Amount** and for each increase is shown on the Policy Schedule. The Surrender Percentages are found in the table below for the period of elapsed time from the effective date of the initial **Specified Amount** (or any increase) to the date of Surrender.

<center>**TABLE OF SURRENDER PERCENTAGES**</center>

Whole Elapsed Years	Surrender Percentage
0	80%
1	72%
2	64%
3	56%
4	48%
5	40%
6	32%
7	24%
8	16%
9	8%
10 or more	**0%**

Partial Surrender - You may withdraw a part of the Cash Surrender Value at any time. This is called a Partial Surrender. A charge of $25 will be made for each Partial Surrender. After any Partial Surrender, the remaining Policy Account Value must be at least $100.

Under **Coverage Option** A, the **Specified Amount** will be reduced by the amount of the Partial Surrender. The Policy Account Value will be reduced by the amount of the Partial Surrender plus the Partial Surrender charge. The **Specified Amount** remaining in force after any Partial Surrender may not be less than the minimum **Specified Amount** shown on the Schedule Page.

Under **Coverage Option** B, the Policy Account Value will be reduced by the amount of the Partial Surrender plus the amount of the Partial Surrender charge.

If a surrender is requested under this provision within 31 days after a **Policy Anniversary,** the Cash Surrender Value will not be less than the Cash Surrender Value on that anniversary, less any **Loan** and Partial Surrenders made on or after such anniversary.

We may postpone making a surrender payment up to six months from the date we receive your request.

Paid Up Insurance - You may surrender this policy for a participating Paid Up Insurance policy on the **Insured's** life at any time. The Cash Surrender value of your policy on the surrender date, less any applicable Surrender Charges, will be used as a net single premium at the attained **Age** and Rate **Class** of the **Insured** to determine the amount of Paid Up Insurance to be provided.

Extended Term Insurance - If the Policy Account Value on a **Monthly Anniversary Day** is insufficient to cover the **Monthly Deduction** for the month beginning on such day, the policy will lapse. The Cash Surrender Value will then be applied to continue the insurance coverage and any benefits provided by **Riders** for a portion of the next month.

The amount of Extended Term Insurance is determined according to the **Coverage Option** in effect as of the date insurance is extended under this provision.

This provision will not continue the policy beyond the **Maturity Date**.

<div align="center">

LOAN

</div>

Net Loan Value   - The amount of **Loan** available will be the Cash Surrender Value as of the date of the policy **Loan** less:
1. any Loan Interest to the next **Policy Anniversary**; and
2. the amount of the **Monthly Deductions** for the balance of the **Policy Year**.

The policy will terminate whenever the amount of outstanding **Loan** equals or exceeds the Net Loan Value. We will send you notice of termination at least 30 days before such termination.

Borrowing on the Policy—You may borrow all or part of the Net Loan Value at any time **Your** Policy has such value. **Your** Policy will be assigned to **Us** as sole security for the **Loan**. **We** may defer making a **Loan** for up to 6 months. No **Loan** will be granted if **Your** Policy is in force as Extended Term Insurance. **You** may be asked to sign a **Loan** agreement.

Loan Interest - The maximum annual interest rate will be 8.0%. We may set a lower rate. This rate will not be increased more than once a year. No increase will be more than 1%. If you have an existing **Loan**, we will give notice of an increase in the interest rate at least 30 days before the increase goes into effect.

Interest accrues daily from the date of **Loan**. Interest is due on each **Policy Anniversary** and on the date the **Loan** is repaid. Interest not paid when due will be added to the **Loan**.

Loan Repayment—A Loan may be repaid in full or in part at any time before the **Insured's** death or surrender of **Your** Policy. If at any time the unpaid **Loan**, including any accrued interest, exceeds the Amount of Loan available, **Your** Policy will terminate 31 days after **We** mail a notice of termination to **Your** last known address and to any assignee of record.

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POLICY CHANGE PROVISIONS

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Right to Change - You may request the changes provided for in this section at any time after the first **Policy Anniversary.** Your request must be in writing to **Us** at **Our Home Office**.

Changes in Specified Amount - The **Specified Amount** may be changed, subject to the conditions outlined below.
1. Decrease in **Specified Amount**—Any decrease will be effective on the **Monthly Anniversary Day** on or next following the date we receive your application for decrease. Any decrease will be applied first against any increases to the **Specified Amount** in the reverse order in which they were made. Any remaining decrease will then be applied against the initial **Specified Amount**. The **Specified Amount** may not be decreased to less than the **Minimum Specified Amount** shown on the Policy Schedule.

2. Increase in **Specified Amount**—A request for an increase in the **Specified Amount** will be subject to the following requirements:
   a. an application satisfactory to **Us** must be submitted;
   b. **Evidence of Insurability** satisfactory to **Us** must be submitted; and
   c. the **Policy Account Value** on the Effective Date of the increase must be sufficient to provide for the new **Monthly Deduction**.

Any increase approved by **Us** will be effective on the date shown on the revised Schedule Page.

CHANGE IN COVERAGE OPTION

If the coverage option is Option B, it may be changed to Option A. The new **Specified Amount** will be the Death Benefit as of the Effective Date of change. The Effective Date of change will be the **Monthly Anniversary day** on or next following the date **We** receive **Your** application for change.

If the coverage option is Option A, it may be changed to Option B. The new **Specified Amount** will be the Death Benefit less the **Policy Account Value** as of the Effective Date change. The Effective Date will be the **Monthly Anniversary Day** on or next following the date **We** approve **Your** application for change.

CHANGING YOUR POLICY

Any change to this policy that is not provided for in this section must be approved by **Us**. An approved change must be endorsed on or attached to this policy. No agent has the authority to make any changes to this policy.

PAYMENT OF PROCEEDS

OPTIONAL INCOME PAYMENT OF PROCEEDS

Election of Payment Option - **You** may elect any of the following options while the **Insured** is alive. If the proceeds are payable in one sum when the **Insured** dies, the **Beneficiary** may elect an option. Any option election must be in writing. It must be received by **Us**.

Payment options are available only to natural persons. Options 1, 2 and 3 may not exceed 30 years

PAYMENT OPTIONS

Option 1. Held at Interest - **We** will hold the amount applied under this option. Interest will be paid at the rate of at least 2.5% per year. Interest payment intervals of 12, 6, 3 or 1 month may be selected.

Option 2. Payments of a Selected Amount - Each payment will be for the amount selected. The amount may not be less than $20. Payment intervals of 12, 6, 3 or 1 month may be selected. Payments will be made until the amount applied plus interest of at least 2.5% per year is exhausted. The last payment will be for the balance only.

Option 3. Selected Number of Payments - Equal payments will be made for the number of payments selected. The amount of each payment depends on: the total amount applied; the number of payments selected; and the interval of payment. Payment intervals of 12, 6, 3 or 1 month may be selected. The following table shows the amount of payment for each $1,000 applied.

Amount of Installments

Years Payable	Annual	Semi-Annual	Quarterly	Monthly
1	$1,000.00	$503.09	$252.32	$84.28
2	506.17	254.65	127.72	42.66
3	341.60	171.85	86.19	28.79
4	259.33	130.47	65.44	21.86
5	210.00	105.65	52.99	17.70
6	177.12	89.11	44.69	14.93
7	153.65	77.30	38.77	12.95
8	136.07	68.45	34.33	11.47
9	122.40	61.58	30.88	10.32
10	111.47	56.08	28.13	9.39
11	102.54	51.59	25.87	8.64
12	95.11	47.85	24.00	8.02
13	88.83	44.69	22.41	7.49
14	83.45	41.98	21.06	7.03
15	78.80	39.64	19.88	6.64
16	74.73	37.60	18.86	6.30
17	71.15	35.79	17.95	6.00
18	67.97	34.20	17.15	5.73
19	65.13	32.77	16.43	5.49
20	62.58	31.48	15.79	5.27
21	60.28	30.33	15.21	5.08
22	58.19	29.28	14.68	4.90
23	56.29	28.32	14.20	4.74
24	54.55	27.44	13.76	4.60
25	52.95	26.64	13.36	4.46
26	51.48	25.90	12.99	4.34
27	50.12	25.22	12.65	4.22
28	48.87	24.58	12.33	4.12
29	47.70	24.00	12.04	4.02
30	46.61	23.45	11.76	3.93

Option 4. Life Income - Payments will be made for a selected guaranteed period of 10, 15 or 20 years. Payments will stop at the end of the selected period or when the payee dies, whichever is later. The amount of each monthly payment depends on: the total amount applied; and the sex and **Age** of the payee when payments begin. The **Age** of the payee is figured on **Age** last birthday. **We** may require proof of **Age** and sex of the payee before payments begin. **We** may also require proof that the payee is living at the time any payment is made. The following table shows the amount of monthly payment for each $1,000 applied.

MONTHLY INSTALLMENTS

Age	Guaranteed Period		
	10 Years	15 Years	20 Years
MALE			
5	$2.46	$2.45	$2.45
15	2.59	2.58	2.58
25	2.77	2.77	2.76
35	3.05	3.04	3.03
45	3.47	3.45	3.42
55	4.13	4.07	3.97
65	5.21	4.96	4.63
75	6.82	5.96	5.12
85	8.46	6.52	5.26
FEMALE			
5	$2.40	$2.40	$2.40
15	2.52	2.52	2.52
25	2.68	2.68	2.68
35	2.92	2.91	2.91
45	3.28	3.27	3.25
55	3.85	3.81	3.76
65	4.80	4.67	4.45
75	6.41	5.78	5.07
85	8.32	6.49	5.26

Monthly payments for ages not shown will be furnished on request.

FLEXIBLE PREMIUM UNIVERSAL LIFE INSURANCE POLICY TO AGE 100
NON-PARTICIPATING

SHELTER LIFE INSURANCE COMPANY
1817 WEST BROADWAY
COLUMBIA, MO 65218-0001

POLICY SCHEDULE

INSURED: [JOHN SMITH]	SPECIFIED AMOUNT: [$35,000.00]
POLICY NUMBER: [U000163556]	MINIMUM SPECIFIED AMOUNT: $25,000.00
POLICY DATE: [01-25-2008]	TARGET PREMIUM: [$1,298.85] [ANNUAL]
AGE ON POLICY DATE: [66]	SURRENDER FACTOR: [$1,500.00]
SEX: [MALE]	FIRST PREMIUM: [$342.72]
MATURITY DATE:* [01-25-2037]	PLANNED PREMIUM PAYMENT: [$324.72] [QUARTERLY]
RISK CLASS: [STANDARD]	MONTHLY EXPENSE CHARGE: [$4.00]
COVERAGE OPTION: [A]	PREMIUM CLASS: [NON-TOBACCO]

MINIMUM GUARANTEED
ANNUAL INTEREST RATE: [3.0%]

ADDITIONAL BENEFIT RIDERS

DESCRIPTION	AMOUNT OF INSURANCE
[ACCIDENTAL DEATH BENEFIT]	[$35,000.00]
[WAIVER OF PREMIUM]	
[GUARANTEED INSURABILITY RIDER]	[$35,000.00]

ACCELERATED BENEFIT
 RECEIPT OF A BENEFIT UNDER THIS RIDER MAY BE TAXABLE. YOU
 SHOULD CONTACT YOUR PERSONAL TAX ADVISOR FOR SPECIFIC
 ADVICE. CASH VALUES, LOAN VALUES AND DEATH BENEFITS WILL
 BE REDUCED IF YOU RECEIVE ACCELERATED BENEFITS.

THE COST OF INSURANCE AND THE PERIOD PAYABLE IS SHOWN IN EACH RIDER.

*IT IS POSSIBLE THAT COVERAGE MAY NOT CONTINUE TO THE MATURITY DATE EVEN
IF PLANNED PREMIUMS ARE PAID IN A TIMELY MANNER.

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[6364]   [35]

[U-163556]
[L-705.9]

SHELTER LIFE INSURANCE COMPANY
1817 West Broadway
Columbia, MO 65218-0001
1-800-743-5837

POLICY SCHEDULE CONTINUED

POLICY NUMBER: [U000163556]

TABLE OF GUARANTEED ANNUAL COST OF INSURANCE RATES PER $1,000
FOR STANDARD RISK CLASS

POLICY YEAR	[NON] [TOBACCO] PREM	POLICY YEAR	[NON] [TOBACCO] PREM	POLICY YEAR	[NON] [TOBACCO] PREM	POLICY YEAR	[NON] [TOBACCO] PREM
[1]	[24.62]	[9]	[55.78]	[17]	[117.82]	[25]	[227.05]
[2]	[27.16]	[10]	[61.84]	[18]	[129.54]	[26]	[243.16]
[3]	[29.92]	[11]	[68.24]	[19]	[142.18]	[27]	[260.82]
[4]	[32.98]	[12]	[74.93]	[20]	[155.45]	[28]	[281.75]
[5]	[36.44]	[13]	[81.95]	[21]	[169.18]	[29]	[309.83]
[6]	[40.39]	[14]	[89.52]	[22]	[183.16]		
[7]	[44.95]	[15]	[97.88]	[23]	[197.33]		
[8]	[50.11]	[16]	[107.25]	[24]	[211.89]		

THE RATES SHOWN ABOVE CAN BE CONVERTED TO MONTHLY BY DIVIDING THEM BY TWELVE.

THE COMMISSIONERS 2001 STANDARD ORDINARY SMOKER OR NON-SMOKER ULTIMATE AGE LAST BIRTHDAY MORTALITY TABLE APPLIES. THE GUARANTEED RATES FOR RISK CLASSES OTHER THAN STANDARD WILL BE ADJUSTED ACCORDINGLY. WE MAY NEVER CHARGE MORE THAN THE RATES SHOWN ABOVE FOR STANDARD RISK CLASS.

PAGE 3.1

SHELTER LIFE INSURANCE COMPANY
1817 West Broadway
Columbia, MO 65218-0001
1-800-743-5837

POLICY SCHEDULE

INSURED: [JOHN SMITH]   SPECIFIED AMOUNT: [$35,000.00]

POLICY NUMBER: [U000163556]   MINIMUM SPECIFIED AMOUNT: $25,000.00

POLICY DATE: [01-25-2008]   TARGET PREMIUM: [$1,298.85] [ANNUAL]

AGE ON POLICY DATE: [66]   SURRENDER FACTOR: [$1,500.00]

SEX: [MALE]   FIRST PREMIUM: [$342.72]

MATURITY DATE:* [01-25-2037]   PLANNED PREMIUM PAYMENT: [$324.72] [QUARTERLY]

RISK CLASS: [STANDARD]   MONTHLY EXPENSE CHARGE: [$4.00]

COVERAGE OPTION: [A]   PREMIUM CLASS: [NON-TOBACCO]

MINIMUM GUARANTEED
ANNUAL INTEREST RATE: [3.0%]

ADDITIONAL BENEFIT RIDERS

DESCRIPTION	AMOUNT OF INSURANCE
[ACCIDENTAL DEATH BENEFIT]	[$35,000.00]
[WAIVER OF PREMIUM]	
[GUARANTEED INSURABILITY RIDER]	[$35,000.00]

ACCELERATED BENEFIT
    RECEIPT OF A BENEFIT UNDER THIS RIDER MAY BE TAXABLE. YOU
    SHOULD CONTACT YOUR PERSONAL TAX ADVISOR FOR SPECIFIC
    ADVICE. CASH VALUES, LOAN VALUES AND DEATH BENEFITS WILL
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IF PLANNED PREMIUMS ARE PAID IN A TIMELY MANNER.

[U-163556]
[L-705.9]

SHELTER LIFE INSURANCE COMPANY
1817 West Broadway
Columbia, MO 65218-0001
1-800-743-5837

POLICY SCHEDULE CONTINUED

POLICY NUMBER: [U000163556]

**TABLE OF GUARANTEED ANNUAL COST OF INSURANCE RATES PER $1,000
FOR STANDARD RISK CLASS**

POLICY YEAR	[NON] TOBACCO PREM	POLICY YEAR	[NON] TOBACCO PREM	POLICY YEAR	[NON] TOBACCO PREM	POLICY YEAR	[NON] TOBACCO PREM
[1]	[24.62]	[9]	[55.78]	[17]	[117.82]	[25]	[227.05]
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